

TOWSON UNIVERSITY
COLLEGE OF GRADUATE STUDIES AND RESEARCH

SOCIAL, MEDICAL, AND LEGAL CONTROL OF FEMALE SEXUALITY
THROUGH CONSTRUCTION OF VIRGINITY IN TURKEY

By

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THESIS APPROVAL PAGE**

This is to certify that the thesis prepared by Emek Ergün, entitled Social, Medical, and Legal Control of Female Sexuality through Construction of Virginity in Turkey, has been approved by this committee as satisfactory completion of the requirement for the degree of Master of Science in the department of **Women's Studies**.

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To my moms, dads, sister, and Mehmet

ABSTRACT

SOCIAL, MEDICAL, AND LEGAL CONTROL OF FEMALE SEXUALITY THROUGH CONSTRUCTION OF VIRGINITY IN TURKEY

Emek Ergün

This study analyzes the social construct of female virginity in the Turkish context and the role of medical and legal institutions in this construction process. The construct of virginity supports patriarchal control of women's bodies and sexualities by limiting female sexuality to heterosexual relations within the male-dominated institution of marriage. The practices of virginity examinations, virginity restoration surgeries, and the alternative medical treatment of imperforate hymen constitute the mechanisms by which medical and legal institutions turn the social construct of virginity into a physical reality. By analyzing these practices, this thesis demonstrates how the institutions of medicine and law reinforce and perpetuate male control of female bodies and sexualities in Turkey by elevating virginity to the status of a medical and legal fact.

Table of Contents

Introduction.....	1
Terms, Research Questions, Theoretical Foundation, and Methodology.....	3
Virginity.....	3
Virginity Examination.....	9
Virginity Restoration Surgery.....	21
Research Questions.....	26
Theoretical Foundation.....	28
Methodology.....	30
Virginity as a Social Construct.....	33
Feminism and Social Constructionism.....	33
The Role of Science in the Social Construction of Realities.....	38
Male Control over Female Bodies and Sexualities.....	42
Virginity in Turkish Culture.....	45
Virginity and the Concept of Honor.....	45
Virginity in Turkish Language.....	50
Virginity: Modernization versus Traditionalism Paradigm.....	54
Virginity and the Institution of Medicine.....	60
Medicalization of Virginity.....	60
Treatment of Imperforate Hymen.....	66
Virginity Examination, Virginity Restoration Surgery, and Medical Ethics from a	

Feminist Perspective.....	77
Virginity and the Institution of Law.....	83
The State, the Law, and Virginity Examinations.....	83
The History of the Virginity Examination Controversy in Turkey	85
The Analysis of Virginity Examination in the Legal Context of Turkey.....	89
Policy Implications and Conclusions.....	101
Policy Recommendations for the Institution of Medicine.....	102
Policy Recommendations for the Institution of Law.....	106
Recommendations for Women’s Organizations.....	108
Appendix A – Interview Questions.....	114
Bibliography.....	116
Curriculum Vitae.....	129

Chapter I

Introduction

The woman's body is the terrain on which patriarchy is erected.¹

The systematic control over women's bodies and sexualities through major societal institutions such as family, education, religion, medicine, and law has been an essential feature of patriarchal societies. By establishing a web of inherently misogynist institutions under the ultimate patriarch of the state, these societies have created both overt and covert management tactics over women's productive and reproductive capacities. Turkey's patriarchal society is one example of a system that strictly controls women's bodies and sexualities through the institutions of medicine and law. These state institutions are harnessed by a culture obsessed with "female virginity" and serve to legitimize the state's control over women in Turkey.

This research will investigate female virginity, a major component of sexual control over women in Turkey, which Abu-Odeh refers to as "the regulatory practice of gender" (2004, p. 370). My study seeks to demonstrate how such a social construct is reinforced by the medical and legal institutions and elevated to the status of scientific fact. Within this ongoing construction process, the institution of medicine plays an important role in medicalizing virginity as a physical reality that can be examined, repaired, and used as a

1 Rich, 1986, p. 55.

rationale for particular gynecological treatments. The country's legal structures also play a significant role by perpetuating the myth of virginity through laws and regulations that support this patriarchal mission of controlling women's bodies and sexualities. By revealing how the institutions of medicine and law respectively, medicalize and legalize the patriarchal tool of virginity in Turkey, this analysis will seek to demonstrate that the Turkish state enables, if not encourages, the insidious control over women's bodies and sexualities.

Chapter II

Terms, Research Questions, Theoretical Foundation, And Methodology

It is not her anatomy, but the ways in which that anatomy is 'invested,' that causes problems.²

Virginity

Virginity is a term that seems to be easily defined. After all, we utter or hear the term often in our daily lives. At some point during our development as sexual beings, some of us start sentences with “I lost my virginity when.” But still many of us hopelessly search for an answer to the confusing question, “Am I still a virgin?” We assume that we are all born virgins, but we are not sure how we keep or lose our virginity. Advice columns in newspapers and magazines are bombarded with letters from women looking for the “correct” definition of virginity, but as Hanne Blank writes in her forthcoming book *Virgin: The Untouched History*³, “For as long as we have had a notion of virginity at all, its parameters have been controversial, and as often as not, vague” (2007, p. 7).

Since we are searching for a definition of a word, taking the shortcut of looking it up in a dictionary might put an end to our confusion. Merriam-Webster’s Collegiate Dictionary defines “virgin” (noun) as (1) “an unmarried woman devoted to religion,” (2)

² Butler, 1987, p.139.

³ A copy of the book has been provided to the researcher by Hanne Blank in January, 2006. The page numbers of all the quotations are from the unpublished manuscript. The expected publication date is February, 2007 (New York: Bloomsbury USA).

“an absolutely chaste young woman,” (3) “an unmarried girl or woman,” and (4) “a person who has not had sexual intercourse” (Merriam-Webster, Inc., 2003, p. 1397). According to the first definition, you are no longer a virgin if you are married and/or not devoted to religion. According to the second, you are not a virgin if you are not *absolutely* chaste and/or not young. According to the third one, you stop being a virgin when you get married. According to the last one, you lose your virginity when you have sexual intercourse. These definitions, instead of clarifying the concept, complicate it more by mentioning devotion to religion, absolute chastity, youth, marriage, and sexual intercourse as parameters of virginity. What is problematic here is that these parameters cannot be easily defined. Perhaps the reason even the dictionary can not define virginity is because it means different things in different contexts for different individuals. However, due to the confusion over the term, it is necessary to adopt a consistent definition throughout the study.

The definition that I will use in this research is that a virgin is a woman who has never had sex. Here, sex is also an overdetermined term because it includes many forms of sexual connection such as vaginal sex, anal sex, oral sex etc. Therefore, in order to clarify our definition of virginity, we need to clarify our definition of sex. “What is sex?” is a seemingly simple, but in fact a very complicated question whose answer varies greatly depending on your culture, gender, sexual orientation etc. In patriarchal societies, the dominant definition of sex is often determined by the institution of heterosexuality. Due to compulsory heterosexuality, sex is defined in phallocentric terms, which assumes that a

woman needs a penis “for sexual arousal and satisfaction” (Andersen, 2003, p. 80).

Similarly, Long Laws & Schwartz note that “we use male standards of sexual initiation, in this case, intromission of the penis in the vagina, to define a woman’s sexuality” (1977, p. 223-224).

The definition of sex as the penetration of the vagina by the penis dominates patriarchal societies. This creates, what MacKinnon calls “a male image of their [women’s] sexuality” (1982, p. 531). However, sex has many alternative definitions challenging the dominant status of heterosexual definition. When the US President Bill Clinton claimed that he did not have sex with Monica Lewinsky “during the 1998 independent council investigation,” a heated public debate ensued over what constitutes “real” sex (Carpenter, 2001, p. 127). In their interview study asking how imperative “coital imperative” is in sexual relations, McPhillips, Braun, & Gavey search for alternative definitions of sex (2001). They found that “it was regularly taken for granted that intercourse is an inherent part of heterosex – its defining feature” (2001, p. 238-239). However, they also found that “discursive spaces for change” existed, although they were not coherent enough to be named “alternative discourses” (2001, p. 239). This study shows that while the definition of sex in terms of intercourse (heterosex) continues to be dominant, alternative definitions do exist.

The dominant definition of sex is closely related to the dominant definition of virginity. Carpenter explores the ambiguity over what virginity loss means in the US and how this ambiguity influences people’s conduct and identity (2001). Her findings show

that virginity loss was generally defined in physiological terms and “specifically equated with first coitus” (2001, p. 136). However, she also found that definitions varied across sexual orientation and gender. Carpenter concludes her findings by arguing that “definitions of virginity loss and sex are ambiguous; with the exception of coitus, people disagree about which sexual activities can result in virginity loss and thus, by extension, about which activities are ‘really’ sex” (2001, p. 137).

Despite the existence of alternative definitions of sex and virginity, in my analysis, when I use the terms “virginity, virginity examination, and virginity restoration surgery,” I refer to the dominant definition deployed in Turkish society, which is the focus of this study. In Turkey, heterosexuality dominates how sexuality and virginity are perceived and defined. Therefore, in my analysis, when I say “virgin,” I refer to the dominant Turkish definition, which assumes that a virgin is a woman whose vagina has never been penetrated by a penis. This mechanical definition seems simple, but contains significant implications. First, the definition clearly shows that virginity is assumed to be connected to abstinence from sex (sex as defined in heterosexual terms). Second, it tells us that Turkish society sees virginity as something that women possess or lose. Although virginity might be used for males as well, in this study, it exclusively refers to females, because in Turkey, men's sexuality and virginity are not problematized while women's sexuality and virginity are. Third, this dominant definition of virginity includes a vagina and a penis, or a woman and a man, so it is strictly based on heterosexuality. Fourth, it is assumed that virginity is possessed and lost through the state of the vagina. This has led to the association of

virginity with the hymen, which is a functionless membrane partially covering the entrance of the vagina and is found in most but not all women.⁴

This definition of virginity suggests many aspects of the concept, but does not give a hint about the most important part of the concept, that virginity is socially constructed by patriarchal cultures trying to control women's bodies and sexualities. We usually do not realize this oppressive nature of virginity, partly because the concept has such a long history going back centuries. Hence, we take it for granted. Virginity was there before us and was introduced to us as a part of our bodies and our identities as we grew up. Virginity is so deeply embedded in patriarchal cultures that we perceive it as a fixed reality. The reason for this disguise can partly be attributed to the medical profession's association of virginity with the hymen. Since the hymen has a physical existence in our bodies, virginity automatically gains a physical existence, too, which leaves us little space to question its scientific status.

It is very difficult to find a comprehensive source on the issue of the social construction of virginity, since as a research topic it has been neglected by social sciences. However, the upcoming book by Hanne Blank, *Virgin: The Untouched History*, provides an invaluable source of data on the topic. Offering the historical and cultural development of virginity in Western societies, Blank demonstrates how virginity became associated with the hymen when the medical profession invented the hymen around the 16th century after engaging in a longstanding debate about the existence and nature of the hymen for

⁴ According to Blank, the percentage of women born without a hymen is less than 0.03 per cent (2007, p. 56).

centuries (2007, p. 76). She explains how and why societies constructed virginity and how this construct continues to evolve with changing sociopolitical conditions.

I claim that the hymen is invented because what we know as the hymen could have been unnoticed and unnamed and, in Blank's terms, seen as "just another of the various ridges and folds of the female genitals" (2007, p. 73). If physicians did not decide to construct the membrane partly covering the entrance of the vagina as the hymen, but thought of it as one of the folds of the vagina, the hymen would not exist today as a discrete entity. However, given that the hymen provides the medical profession with a tool to construct virginity as a physical reality, it would be naïve to expect the patriarchal institution of medicine to miss such a chance.

Reflecting a social constructionist approach, Blank describes the process of the fabrication of virginity as a reality that profoundly affects women's lives:

Virginity is as distinctively human a notion as philanthropy. We invented it, we developed it, we disseminated the idea throughout our cultures, religions, legal systems, bodies of art and scientific knowledge, and fixed it as an integral part of how we experience our own bodies and ourselves, all without actually being able to define it consistently, identify it accurately, or explain how and why it works (2007, p. 5-6).

Blank notes that virginity not only is socially constructed, but also has no scientific basis, since the hymen is not a reliable source of data about women's sexual past. This unreliability is due to "the variable and mutable nature of the hymen, with its gradually expanding aperture, its range of appearances, and its ability to change shape" (Blank, 2007, p. 175). Virginity has simply been made up by social and political institutions as an essential part of women's bodies and identities.

Blank writes that virginity exists because men want to control women: “Virginity had come to carry the symbolic weight not just of a husband’s desire to control the ancestry of children born under his roof but of a father’s desire to control the behavior of the women and children in his household. It had become a symbol of successful patriarchy as a whole” (2007, p. 52-53). Virginity is a reflection of the patriarchal system’s need to have power over women’s productive and reproductive capabilities. In this context, it is not surprising that the major institutions such as medicine and law support the construct of virginity, as a direct and effective way to keep women under control.

The *scientific* identification of virginity with the hymen could be seen as a turning point in the history of female sexuality, because when the hymen, which physically exists in women’s bodies, is constructed as a scientific criterion for virginity, virginity also gains a physical objective existence. This objectification by medicine has increased the power of the concept of virginity, which is a strong determinant of women’s position in society. The association of virginity with the hymen has also triggered the medical profession to create techniques to determine whether a woman is a virgin or not. These techniques have been used as control mechanisms to coerce women to experience their bodies and sexualities only in socially permitted contexts such as marriage. By labeling the hymen as the physical criterion of virginity, the medical profession has gained great authority over female sexuality.

Virginity Examination

The scientific production of virginity based on the hymen implies that by simply

examining the condition of the hymen, we can determine whether a woman has ever had heterosexual intercourse. This is exactly what a virginity examination, also called a virginity test, a virginity control, or a hymen examination, does. This practice can also be defined as “gynecological examinations that attempt to correlate the status of the hymen with the occurrence of sexual intercourse” (Frank, Bauer, Arican, Korur-Fincanci, & Iacopino, 1999, p. 485). Virginity examination is solely based on the scientific claim that the hymen is a reliable source of information about the sexual history of a woman. The problem at this point is that the hymen does not offer a sound basis for proving whether the woman in question has ever had sexual intercourse.

Virginity examinations are a controversial yet common topic covered in the literature on virginity in Turkey. Since the 1990s, virginity examinations have been debated in the public arena with women’s groups fighting to have the practice banned and criminalized (Agirdemir, 2004; Bora, 2002; Gulbahar, 2004; Women for Women’s Human Rights [WWHR], 2004b). The government, trying to ward off the conflict, has responded to women’s groups’ demand with inadequate policies (Agirdemir, 2004; Gulbahar, 2004; Organisation Mondiale Contre la Torture [OMCT], 2003; Vural Akhan, Haciosmanoglu, & Kosar, 1995; WWHR, 2004a). In this conflictual environment, many articles and reports on virginity examinations have been written by both Turkish and international scholars and activists (Cindoglu, 1997; Frank et al., 1999; Human Rights Watch [HRW], 1994). These sources share some perspectives on the issue; however, there are also some gaps in the literature that will be addressed by this study.

First, all of the virginity examination studies agree that this practice is oppressive and harmful for women, and physicians should stop performing them, with the exception of sexual assault cases (Cindoglu, 1997; Frank et al., 1999; Human Rights Watch [HRW], 1994; Sahinoglu-Pelin, 1999). Cevik, Tapucu, & Aksoy, in their article on virginity examinations, write, “Hymen examination is a violent practice in every aspect, because it constitutes a physical, emotional, and sexual attack on women. Women’s lives are threatened through virginity examinations”⁵ (2003, p. 173). Similarly, Sahinoglu-Pelin notes that virginity examinations “can be seen as exercising a certain control over a woman’s sexuality” (1999, p. 256). Frank et al. also refer to a virginity examination as a “potentially harmful practice” (1999, p. 490).

Although I strongly agree with such statements, they are also problematic. While the authors oppose virginity examinations, it is not clear whether or not they recognize the fact that virginity is a social product. Criticizing virginity examinations, but leaving the concept of virginity unaddressed, these scholars intentionally or unintentionally imply that virginity has a physical existence that can be examined, even if they argue that physicians should not do it. The imposition of virginity examinations on women in Turkey is only the tip of the iceberg, since below the surface lies the root of the problem- the concept of virginity. The Human Rights Watch [HRW] report, aware of the larger context of the problem, states, “At the root of the pervasive imposition of virginity control exams in Turkey, whether at the hands of the state or private individuals, is the presumption that

5 Unless otherwise stated, all the citations from Turkish sources have been translated into English by the researcher.

female virginity is a legitimate interest of the family, the community and, ultimately, the state” (1994, p. 4). This statement does not point to the constructed nature of virginity, but still grasps the core of the problem by noting that the concept of virginity leads to its examination.

Those who are against virginity examinations usually do not address whether or not virginity can be physically examined. This is a significant gap in the literature. These scholars do not question the scientific basis on which the examinations are performed but rather treat the examination and its criteria as medically legitimate but ethically unacceptable. Cevik et al., in their article, discuss how doctors who conduct virginity examinations violate the ethical codes of no-harm, autonomy, informed consent, privacy, and equality (2003, p. 175-177). However, while illustrating the practice as a form of malpractice, they do not mention that these examinations have no biological basis at all (p. 175).

The article by Frank et al. not only criticizes virginity examinations, but also questions the scientific basis of the practice: “The supposed accuracy of these examinations conflicts with evidence to the contrary. Various studies have shown that hymen configurations vary, and the hymen may be ruptured prior to sexual intercourse” (1999, p. 489). The hymen might be broken without a penis penetrating the vagina and its shape and structure changes in time. As Blank writes, “Penetration is not required for a hymen to be different or look different from one day, one week, or one month to the next. This calls into question the notion of a hymen that is ‘unaltered’ or ‘intact’: if the hymen

can change all by itself, just how ‘intact’ can it possibly be?” (2007, p. 65).

Doctors performing a virginity examination cannot tell absolutely if the hymen in question has been penetrated by a penis or what has caused the hymen’s rupture. Therefore, different doctors examining the same hymen might come up with contradictory results. Through their survey with forensic doctors, Frank et al. demonstrate that “more than two thirds of physicians indicated that their reports [virginity examination reports] contradicted previous findings of general practitioners or gynecologists” (1999, p. 489). In order to convince doctors to stop performing virginity examinations, it should be clearly stated that the hymen cannot be objectively used as an indicator of a woman’s sexual history.

Opposing virginity examinations without opposing the construction of virginity obscures the real problem and cannot liberate women from the control over their bodies and sexualities. A feminist researcher advocating positive social change for women on the issue of virginity examinations should not reinforce the oppressive, exploitative, and discriminatory concept of virginity in her research. Therefore, my research study will not only analyze the reflections of the problem- virginity examination and virginity restoration surgery- but also discuss the root of the problem- the construct of virginity.

Second, in most of the literature on virginity examinations, physicians, specifically obstetrician/gynecologists and forensic medical doctors, are blamed for the perpetuation of virginity examinations, since they are the ones who conduct the examinations. Scholars evaluate this practice as unethical in terms of medical ethics and emphasize that the

Turkish Medical Association (TMA) has condemned these examinations as "a form of gender-based violence" (Frank et al., 1999, p. 485). By showing that the TMA has condemned virginity examinations and by implying that only physicians are responsible for the practices, the authors ignore the patriarchal (macro) structure of the institutions of medicine and law and reduce the issue to the individual (micro) level of physicians.

The TMA is not criticized in the literature for not taking any serious actions beyond condemning virginity examinations, such as suspending medical licenses to end the practice. Serap-Sahinoglu writes, "That virginity tests, done against the will of the females concerned, go against the above mentioned principles [of medical ethics] has been stated publicly in a report by the Turkish Medical Association Ethics Committee" (1999, p. 259). She does not criticize the TMA for excluding the imposition of virginity examinations in sexual assault cases from the association's condemnation, or for being contented with a public condemnation. In their article, Frank et al. only ask the TMA to "expand its condemnation of virginity examinations to include cases of sexual assault" (1999, p. 490).

It is often overlooked that Turkish physicians are educated and trained in state funded and controlled universities and hospitals⁶. These physicians are socialized and trained to reflect the patriarchal nature of the medical institution. In this case, criticizing the agents (i.e. physicians) of a patriarchal institution individualizes the problem and leads to a limited solution. This study will examine both institutional and individual levels

6 The complete list of all the Medicine Departments in Turkish universities can be found at the following Web page, which belongs to the Medicine Department of Uludag University in Bursa, Turkey: <http://www20.uludag.edu.tr/~tipfak/linkler.htm> (Retrieved February 24, 2006).

related to the issue of virginity.

Third, in the literature, the Turkish state is appropriately blamed for not preventing, but rather encouraging and even imposing virginity examinations on women, specifically through the legal system. The Turkish Penal Code (TPC)⁷ constitutes the basic law criticized for not criminalizing and banning virginity examinations. The term “virginity examination” is not used in the TPC, but the practice is disguised and legitimized under the term “genital examination” (Article 287). Moreover, specific regulations applicable to the institutions of education, health, law enforcement, etc. make it possible for the authorities to enforce virginity examinations.

The articles and reports examining the legal aspects of virginity examinations, such as the ones by Cevik et al. (2003), Frank et al. (1999), Seral (2004), and HRW (1994), usually focus on the legislation level of the problem and demonstrate that the practice legitimized by the TPC violates the Turkish Constitution and international treaties ratified by Turkey such as the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the International Covenant on Civil and Political Rights (ICCPR). In these articles and reports, virginity examination is considered a violation of women’s human rights such as right to bodily integrity and right to privacy. Seral, for instance, writes, “Virginity testing is a blatant violation of a woman’s right to bodily integrity” (2004, p. 413). Similarly, the

⁷ Turk Ceza Kanunu (Turkish Penal Code), Law No. 5237, Accepted by the Turkish Grand National Assembly on September 26, 2004, Ankara: Turkey. Retrieved February 28, 2006, from the Ministry of Justice, Introduction to the New Turkish Penal Justice System Web site: <http://www.ceza-bb.adalet.gov.tr/mevzuat/5237.htm>

HRW report denounces virginity examinations “as a human rights abuse” (1994, p. 4).

Only a few studies examine the implementation of the regulations on virginity examinations. “A Matter of Power: State Control of Women’s Virginity in Turkey” prepared by the HRW, the most comprehensive report on virginity examinations in Turkey, emphasizes especially the law enforcement officers’ role in the practice’s perpetuation (1994). The report demonstrates that the Turkish police use virginity examinations to threaten and harass women in police custody for political reasons or for moral misconduct. In this report, testimonies from women who have been forced to submit to virginity examinations while in police custody clearly demonstrate the magnitude of the problem. Parla, who discusses virginity examinations in the modernization/traditionalism paradigm, also notes how the Police Duty and Responsibility Law⁸ enables the Turkish police to impose the examinations on women: “Under this law, the police are entrusted with protecting not only life and property, but honor and chastity as well” (2001, p. 79).

The fourth and final issue discussed in the literature is the forensic use of virginity examinations in sexual assault cases. According to the final version of the TPC, virginity examination, legitimized under the title of “Genital examination,” can only be imposed on women if a judge or a prosecutor orders it, which often occurs in sexual assault cases. The HRW report states, “women charging rape often are examined for the purpose of determining, among other things, whether the rape caused the loss of their virginity”

⁸ Polis Vazife ve Selahiyet Kanunu (Police Duty and Responsibility Law), Law No. 2559, Accepted by the Turkish Grand National Assembly on July 04, 1934, Ankara: Turkey. This law defines the specific duties and authorities of the Turkish police, which include the protection of people’s *honor*, life, and property.

(1994, p. 8). If the virginity exam report states that the woman was not a virgin when she was raped, the defense might use that report to undermine the credibility of the woman by claiming that the woman gave consent to have sexual intercourse with the defendant.

There is a disagreement among scholars on whether to support or to oppose the use of virginity examinations in sexual assault cases. On the one side, Frank et al. write that virginity examinations are “irrelevant in documenting sexual assault” (1999, p. 490). Similarly, the HRW report states, “while physical evidence of forced sexual activity, e.g. tears in vaginal tissue, bruises or the presence of semen, may prove relevant to a charge of seduction or other sexual offense, virginity *per se* is not relevant” (1994, p. 7). On the other side, Sahinoglu-Pelin writes that in rape cases, “Physicians have the responsibility of carrying out virginity tests in order to bring criminals to justice” (1999, p. 260). I agree with Sahinoglu-Pelin that rapists must be brought to justice, but virginity has nothing to do with justice, because whether or not she has had sexual intercourse before the rape incident, any raped woman deserves justice. The use of virginity examinations in rape cases assumes that a virgin is violated more than a non-virgin when raped. This support of virginity examinations in sexual assault cases is also common among Turkish doctors. According to the study by Frank et al., 92 per cent of the Turkish forensic doctors surveyed reported that virginity examinations had the beneficial consequence of collecting forensic evidence (1999, p. 488).

Virginity examination, whether conducted to collect forensic evidence or imposed by a family member, is different from forensic gynecological examination, since in the

former, physicians look at the condition of the hymen to determine whether or not the woman in question was a virgin before she was raped, but in the latter, they look for physical evidence to determine whether the woman has been raped or not. Since during rape, the hymen is broken due to penetration, how can doctors definitely tell whether or not the woman who has been raped was a virgin before the rape incident? The justification of imposing a virginity examination on a rape survivor is based on the patriarchal differentiation between the rape of a woman who is believed to have had sexual intercourse and one who is believed to have had no sexual intercourse before the rape incident.

In a society where the social value of a woman is established by her sexual conduct, it is not surprising that the legal institution takes her rape allegations seriously only after determining that she has complied with the gender norm of “refrain from premarital sex.” As stated in the HRW report, “a woman’s sexuality, as indicated by her mode of dress, lifestyle or status as a virgin, implies consent to sexual relations or a lack of credibility” (1994, p. 8). The concern about virginity in rape cases is an illustration of the prevalence of rape myths such as, women secretly desire to be raped, women actually say “yes” when they say “no,” women who dress provocatively deserve to be raped etc. The imposition of virginity examinations in sexual assault cases implies that you cannot be raped if you are not a virgin. One implication of this is that married women and sex workers, members of two institutions organized on the basis of (hetero)sexuality- marriage and sex work⁹, are not virgins, and therefore, cannot be raped.

9 I do not use the word “prostitution,” since the word is very derogatory for women working as sex workers.

Although many of the sources in the literature criticize the imposition of the virginity examination on rape survivors, the silence on the constructed nature of virginity is obvious in most of them. Articles such as those by Cevik et al. (2003), Cindoglu (1997), and Frank et al. (1999) examine the legal context of virginity examinations and conclude that virginity is irrelevant in sexual assault cases, but they fail to argue that virginity should not be used as physical evidence because it cannot be examined as a physical reality. Deconstructing virginity as a social reality enables us to demonstrate why virginity cannot be relied on as physical evidence, which, I believe, is a more powerful strategy to end virginity examinations than saying that a woman's status as a virgin should not be questioned in rape cases.

The four common points in the literature on virginity examinations in Turkey can be summarized as failing to recognize virginity as a social construct, individualizing the problem by blaming only doctors for perpetuating the practice, emphasizing legislation in the critique of the legal status of virginity examinations, and criticizing the forensic use of virginity examinations in sexual assault cases.

In addition to the academic sources, virginity examinations were also widely discussed in the Turkish media during 1990s. The articles from newspapers and magazines, archived in the Library of Research on Women's Works in Istanbul, illustrate how virginity examinations are presented in the media. These sources, which are from mainstream or left-wing newspapers and magazines, usually condemn the practice of virginity examinations. A news article from a mainstream magazine *Tempo* informs

women that they have the right to refuse virginity examinations and includes interviews with a psychologist, attorney, forensic medicine expert, and prosecutor (Kaykil, 1990). While the attorney refers to virginity examination as the “rape of a woman by the state,” the prosecutor argues that it is necessary in rape and adultery cases (Kaykil, 1990, p. 109-110).

Many of the newspaper and magazine articles on virginity examinations explain virginity by associating it with the hymen. They explain the different forms and structures of the hymen to demonstrate that contrary to the common belief, the hymen does not exist in a single form. A news article from the magazine *Tempo* includes three drawings of the hymen titled as “the virginity membrane of a girl who has not had sexual intercourse,” “the hymen of a married woman,” and “the hymen that has been restored after being broken” (Kasim, 1991, p. 68). The article in the science addition of the left-wing newspaper *Cumhuriyet* speaks of “anatomical virginity,” which occurs when a woman has vaginal penetration but her flexible type of hymen is still not torn (Savran, 1992)¹⁰. By scientifically explaining the equation of virginity with the hymen and presenting virginity as a biological fact, these sources reinforce the social construction of virginity.

An exception to mainstream media is the Turkish feminist monthly newspaper, *Pazartesi*, which severely criticizes the state and its legal and medical institutions for imposing virginity examinations on women. The newspaper presents news on virginity

¹⁰ During the nineteenth and early twentieth centuries, some writers called this type of hymen “complacent hymen,” implying that there is something deceitful about the woman (with a complacent hymen), who is so cunning that she can have sexual intercourse without her body revealing it (Blank, 2007, p. 69).

examinations within the larger context of the patriarchal formation of Turkish society. The articles, written by women attorneys, uncover the legal implications of the TPC from a feminist perspective and provide useful data on the legal aspects of virginity examinations. Criticizing the TPC amendments of 2004, Gulbahar writes, “The concepts of virginity and honor are the oldest, most deeply-rooted and most important tools used by men to keep women’s lives, identities, labor, and bodies under control” (2004, p. 10).

Virginity Restoration Surgery

Virginity restoration surgery, which is also referred to as hymenoplasty, hymenorraphy, hymen repair, or virginity repair, is another reflection of the medicalization of virginity. It is a gynecological operation where the remains of the hymen that has been dissolved due to either vaginal penetration or other reasons are stitched together. When sutured, the hymen heals and bleeds, which is regarded as the physical sign of virginity, during the next intercourse (Cindoglu, 1997, p. 260). The purpose of the surgery, which is “practiced under local anesthesia,” is to enable the woman to bleed during the next sexual intercourse so that her partner will be convinced that she is a “virgin” (Cindoglu, 1997, p. 259). The surgery is typically conducted in private clinics.

Virginity restoration surgery has not been studied as extensively as virginity examination. The practice is usually discussed in terms of medical ethics, as in the article, “Ethical Dilemma: Should Doctors Reconstruct the Vaginal Introitus of Adolescent Girls to Mimic the Virginal State?” (Logmans, Verhoeff, Bol Raap, Creighton, & van Lent, 1998). The article concludes that virginity restoration surgery is similar to cosmetic

surgery, which is “an accepted part of plastic and reconstructive surgery worldwide” and could be interpreted by the same ethical parameters (1998, p. 460).

The major ethical concern about virginity restoration surgery is that it enables women to “deceive” their husbands about their sexual history. Actually, virginity restoration surgery is similar to breast implants in that, as Friedman Ross states, “Both allow women to fulfill physical ideals of their respective cultures – ideals that others argue are symbols of female denigration” (1998, p. 462). Both procedures also lead to deception because they change the original shape and structure of a body part. However, while breast implants are not problematized as a form of deception, virginity restoration surgery is.

In the sparse literature on virginity restoration surgery, there are basically two views on the moral aspects of the practice. On the one hand, the surgery is criticized for leading to deception and/or for perpetuating sexual control over women (Cevik et al., 2003; Mernissi, 2004; Usta, 2000); on the other hand, it is seen as a coping mechanism (Cindoglu, 1997; Paterson-Brown, 1998; Webb, 1998). Cevik et al. write, “Hymenoplasty is actually an ugly trick! It is a tragic consequence of women ignoring their feelings, ideas, attitudes, and values and accepting the traditional understanding. In the end, whoever wants hymenoplasty deceives both herself and others” (2003, p. 174). In this statement, women who choose to undergo virginity restoration surgery are criticized for deceiving others, i.e. husbands, about their sexual past, but it is ignored that these women choose deception to survive in a patriarchal society. Similarly, Usta writes, “Although the operation is done for women, yet the sole purpose is to deceive men. Respect for women’s

autonomy directly clashes with men's autonomy" (2000, p. 218). These articles discuss whether or not the deception caused by virginity restoration surgery is justifiable, but none of them realizes that women are deceived by the medical conceptualization of virginity in the first place.

The well-known Middle-Eastern scholar Fatima Mernissi also speaks of "artificial" or "fake virginity" produced by virginity restoration surgery (2004, p. 204). The term "artificial" implies that there is authentic or natural virginity and indirectly blames women who undergo this surgery for creating such "artificiality." However, virginity is already artificial in the sense that it is socially constructed. What is created through virginity restoration surgery is not artificial virginity, but virginity that does not exist in the physical world but only in the socially constructed world.

As opposed to seeing virginity restoration surgery as deception, Cindoglu argues that the procedure should be seen "as a survival strategy for women who are living in patriarchal gender ideologies with double standards" (1997, p. 260). Unlike the former view which presents women as passive, Cindoglu gives women credit for resisting oppressive gender norms and presents them as active. Similarly, Webb defines the surgery as "a safe procedure which may preserve the personal and physical integrity of the woman requesting it" (1998, p. 462). Paterson-Brown also writes that "The concept of deception is not relevant; this operation is done for the woman; and the principle of confidentiality in medicine is as old as medicine itself" (1998, p. 461).

The literature on virginity restoration surgery usually ignores that women who

undergo the procedure are both victims and agents simultaneously. They are the victims of patriarchal control over their bodies since they are required to abstain from premarital sexuality. They are the victims of the social construction of female virginity as the basic asset of their existence. However, they are also agents because they resist the control over their sexuality by engaging in forbidden premarital sexual activities, and then resist this norm by using the patriarchal practice of modern medicine (virginity restoration surgery), which “not only re-establishes her assets in the social context but also in a sense empowers women within the patriarchal society and patriarchal relations” (Cindoglu, 1997, p. 260).

Virginity restoration surgery is not as problematized as virginity examination, because, first, while virginity examination is typically forced on women by either the state agents or families, virginity restoration surgery is “willingly chosen” by women themselves rather than by their families to protect the family name. What is left unaddressed here is that the issue of choice in virginity restoration surgery is tricky, because women go through this procedure to comply with the social demand of virginity before marriage. In a society where premarital sex is strictly forbidden, many women are left with no choice other than virginity restoration surgery to escape from being ostracized from their communities or in extreme cases, from being killed in the name of “honor.” In any analysis of virginity restoration surgery, it is very important to understand the social context in which women make the decision to undergo the operation. In Turkey, this social context is shaped by the construct of virginity, which represents the honor of the woman, her family, community, and ultimately the whole nation.

Second, the legal status of virginity restoration surgery is not as clear as that of virginity examination, so the surgery is not debated in the public arena. Although virginity examinations are not openly acknowledged in the law, they are legitimized under the “genital examination” article of the TPC and they are still legally ordered by the judges and prosecutors in sexual assault cases. However, virginity restoration surgery is not legalized or criminalized by any laws in Turkey. Referring to this surgery as “medically unnecessary interventions,” Cindoglu writes, “There is not only no medical foundation but also no legal foundation that can justify the physician’s intervention” (1997, p. 257-58). However, the fact that the virginity restoration surgery is not mentioned in the laws does not mean that the practice has no legal status or that it does not exist.

In Turkey, virginity restoration surgery is legitimately conducted in state hospitals only in cases of a rape or an accident which has caused a woman’s hymen to tear. In such cases, after the surgery, the woman is usually given a certificate stating that her virginity is restored due to a legitimate reason (Acar, 2005). This certificate indicates that the state provides women who have lost their virginity without their consent with the opportunity to legitimately regain their virginity and thus their social value. Through authorized virginity restoration surgery, the patriarchal state restores the hymen, and thus the value of a woman, who has been deprived of her virginity against her wishes. Such an approach to a rape survivor with the concern of virginity implies that according to the state, the most important part of the woman that is violated through rape is her *hymen*, not her body or herself. Moreover, by legally sanctioning virginity restoration surgery, the state also

perpetuates the idea that virginity has a physical existence that can be repaired. Although virginity restoration surgery is not mentioned in any Turkish laws, the existence of a certificate provided by state hospitals gives the procedure a legal status. Therefore, it is a significant gap in the literature that none of my sources discusses the legal context of virginity restoration surgery in Turkey.

Research Questions

Three contentions form the basis of this research. First, female virginity is socially constructed and there is no biological basis that can determine whether a woman has ever had heterosexual penetration. Second, the institution of medicine serves the patriarchal control over female bodies and sexualities by medicalizing the social construct of virginity as a scientific fact that can be examined, diagnosed, and treated in Turkey. Third, the legal institutions support the patriarchal control over female bodies and sexualities by sanctioning and constructing virginity as a matter of state control especially in cases of rape or accident.

This study will seek to answer five sets of questions derived from these assertions:

1. What is virginity? What does it mean that virginity is socially constructed? Who benefits from this construction and who is harmed by it? Here, the concept of virginity will be explained within the social constructionist framework. This section will offer a general understanding of the role of virginity as a control mechanism developed by the patriarchal systems to manage women's productive and reproductive capabilities.

2. How is virginity defined specifically in Turkish culture? Why is virginity important in Turkish society? What is the connection between the cultural constructs of honor and virginity? How has the political development of the country under the premise of Westernization/modernization affected the perceived importance of virginity in Turkey? In this section, the construct of virginity will be examined in the specific socio-historical context of Turkey, where modernization and traditionalism intermingle creating a seemingly contradictory framework for the development of patriarchal tools to sexually control women.
3. How does the medical institution construct virginity as a scientific fact? What are the medical practices that reflect medicalization of virginity and how do these practices contribute to sexual oppression of women in Turkey? To illustrate the medicalization process of virginity in Turkey, three medical, specifically gynecological, practices will be examined: virginity examination, virginity restoration surgery, and the treatments of vaginal complications.
4. How do the legal institutions support sexual control over women in Turkey? How is virginity constructed by the legal institutions in Turkey? How do specific laws such as the TPC address virginity? How do law enforcement agents, specifically the police, reinforce the construct of virginity? The legal status of virginity in Turkey will be analyzed mainly through the practice of virginity examinations.
5. How can we translate the theoretical findings of this study into feminist activism? How can male control over female bodies and sexualities achieved through the

cultural norm of virginity be most effectively addressed in Turkey? How can international women's organizations and human rights organizations support national women's groups in their struggle with male control of women through their bodies? In light of the previous sections examining the role of the medical and legal institutions in constructing virginity, this section will offer policy recommendations for not only virginity examinations, but also virginity, which is the root of the problem of sexual control over women in Turkey.

Theoretical Foundation

This study, evolving from the social constructionist perspective, seeks to uncover the sociopolitical nature of virginity, which has been overlooked in the literature, and reveal how medical science reinforces the power of virginity as a control mechanism in Turkey. The social constructionist framework will be employed through two different but related study fields- radical feminist theory, and medical sociology.

Well-known sociologists Conrad & Schneider explain the basic premise of the social constructionist approach as, “what appears to be ‘natural’ and ‘given’ – namely, in our context, medical and scientific realities – can be seen as social products, social accomplishments with particular histories and situated biographies claiming ‘universally valid’ discoveries and accomplishments” (1992, p. 279). In this study, I will seek to demonstrate that virginity, which is perceived as “natural and given” in Turkey, is actually produced by the societal institutions.

Medical sociology is interested in the medicalization of social problems. Conrad

defines medicalization as “defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it” (1992, p. 211). In my study, medicalization refers to the process of medicine’s constructing virginity as a physical reality that can be examined, diagnosed, repaired, and treated. According to the definition by Conrad, we can claim that virginity is medicalized because it is defined in biomedical terms, examined and repaired in medical settings such as hospitals and clinics by licensed medical agents, and even studied and discussed in medical journals. Since virginity as a subject of medicalization has not been explored before, this study will bring new insights into the related fields through an original analysis.

In the field of medical sociology, many feminist scholars have successfully showed the critical role of the medical institution in patriarchal control over women’s bodies and sexualities. Most of these analyses have dismantled how medicine regulates women through medicalizing their natural states related to appearance such as breasts and their normal bodily functions such as menstruation, pregnancy/birth, and menopause (Purdy, 2001, p. 249). Turner explains the contribution of feminists to the field by stating that feminist scholars have criticized “the medical profession as a privileged occupational group exercising patriarchal authority and control over subordinate social groups, especially over women. The doctor reinforces and articulates patriarchal values by regulating the sexuality of women and supporting implicitly the structure of the family on behalf of existing social arrangements which are dominated by male control and privilege”

(1995, p. 130). Therefore, feminist theory and medical sociology provide a solid theoretical foundation for this study, which seeks to reveal how medicine creates “scientific” tools and explanations that strengthen sexual control of women.

In addition to the sources from medical sociology and feminist theory, the great contributions of Michel Foucault also should be acknowledged here. His books, *The Birth of the Clinic* (1994) and *Discipline & Punish* (1995) offer invaluable understandings of the issue of sociopolitical control of populations through the institutions of medicine and law. Almost every feminist source in the literature of medical control cites Foucault’s works, particularly the chapter titled “Docile Bodies” in *Discipline & Punish* (1995, p. 135-169). In this book, he writes that “the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it; mark it; train it; torture it; force it to carry out tasks, to perform in ceremonies, to emit signs” (1995, p. 25). Since the construction of virginity is an example of male power and control over female bodies, Foucault’s framework will serve as a model for my analysis.

Methodology

This study, which examines the social construction of virginity and the role of the state institutions of law and medicine in this process, benefits from a wide range of materials such as books, journal articles, reports by human rights and women’s rights organizations, news articles published in Turkish newspapers and magazines, and articles publicized in the Internet. I examined texts both in English and in Turkish.

Journal articles from several areas ranging from women’s studies to sociology were

gathered through the databases of Academic Research [EBSCO] and JSTOR (Journal Storage). The keywords searched in these databases included virginity, virginity examination, virginity restoration surgery, hymen, medical sociology, body politics, radical feminist theory, women and health, medicalization, and social constructionism. After determining the key studies and texts on the related fields through the journal articles, I reviewed the bibliographies of these key texts to identify the books that could provide deeper understandings on my research. Using the keywords mentioned above, I also searched for books through Combined USMAI¹¹ Catalog in Towson University Cook Library Web site¹². I continued to build up my sources by reviewing the bibliographies of journal articles and books until I finally became familiar with most of the sources used in these works.

I also gathered articles and reports by using the keywords cited above in the search engine of Google. While some of these articles were academic works offered on the web pages of the Turkish universities, others were written by feminist activists. My research through Google also guided me to important reports prepared by national and international human rights and women's organizations. These reports, offered in electronic form, were accessed in the web pages of these organizations.

I also did research in the Library of Research on Women's Works in Istanbul in June 2005. The library had an archive of news articles from Turkish magazines and

11 University System of Maryland and Affiliated Institutions.

12 <http://cooklibrary.towson.edu>

newspapers on the topic of virginity. At the library, I also had a chance to review some medical books in Turkish that provided me with information about what Turkish doctors said on the issues of virginity and the hymen.

Finally, I gathered data by interviewing Ali Acar, a Turkish doctor working in the Department of Obstetrics and Gynecology of Selcuk University in Konya, a major city in the mid-region of Turkey. Dr. Acar was the head of a research team that invented the technique called “treatment of imperforate hymen by application of Foley catheter” (Acar, Cetin, Cicek, Gezginc, & Akyurek, 2003, p. 72). In my study, I will criticize this treatment method for perpetuating the construction of virginity as a scientific fact. Therefore, the data gathered from my interview provided invaluable insights on the topic of virginity. The interview was a structured one, lasting 45 minutes, and conducted in Dr. Acar’s office June 25, 2005. The questions were about his research on imperforate hymen, but also the general structure of the hymen, the concept of virginity, and the practices of virginity examination and virginity restoration surgery in Turkey. Since the interview was conducted in Turkish, translation will be an inevitable part of my analysis. Because the transcription of the interview takes almost thirty pages, only the parts of the interview quoted in the research paper are translated into English.¹³

13 The English translation of the interview questions can be seen in Appendix.

Chapter III

Virginity As A Social Construct

Sexuality is to feminism what work is to Marxism: that which is most one's own, yet most taken away.¹⁴

Feminism And Social Constructionism

Social constructionism starts “from the recognition that all knowledge – medicine and science not excepted – is the product of human social activity and is used by human beings to bring into existence their own lives and experience” (Wright, 1988, p. 300). The social constructionist paradigm questions the origin of knowledge that we take for granted and links what we know to a specific time and place to understand why and how it has been constructed.

According to Berger & Luckmann, the social construction of the world occurs in three stages: “externalization, objectification and internalization” (1967, p. 129). Turner explains these stages respectively as, “Humans make the social reality in which they live; this social reality in turn shapes human experience of reality; and the social reality is an objective structure which determines social agents” (1992, p. 82). By internalizing the socially constructed realities as if they are universal truths, human beings forget that *they* have created those realities. In patriarchal societies, realities are constructed in male terms since men have more political and economic power. When women living in patriarchal

¹⁴ MacKinnon, 1982, p. 515.

cultures internalize these male-defined realities, they contribute to their own oppression and perpetuate the male domination of women.

In patriarchal societies, where the status quo is defined and imposed by men on women, social constructionism offers a powerful theoretical perspective to feminist scholars. As Hacking notes, “social construction work is critical of the status quo” (2003, p. 6). The social constructionist perspective encourages feminist theorists to reveal that what women see as natural in life is socially created such as gender, sexuality, race, class etc. Pointing to this connection between feminist theory and social constructionism, Gordon argues, “Social constructionism, broadly speaking, has been an important feminist theory and methodology for denaturalizing social and so-called personal problems. The feminist project is driven by critique and a desire to transform the social relations of power that construct and deconstruct the world and its inhabitants in particular ways” (1993, p. 312).

The construction of a reality as natural leads human beings to perceive that reality is fixed, unchangeable, and universal. No matter how troubling that reality might be for us, we believe we cannot change it because it is nature. When we see gender as a biological fact, rather than socially constructed, we believe that motherhood and domestic service are women’s natural tasks rather than socially produced structures. Until we recognize the socially constructed nature of such realities, we not only fail to challenge them, but also reinforce these realities by accepting and perpetuating them. Feminist scholars, by revealing the constructed nature of what women internalize as natural, open the door to

social change. Feminist theory¹⁵ is an exercise of not only thinking but also acting and changing. Abbott & Wallace agrees that feminist theory “sets out not just to explain society but to transform it. Feminist theories are concerned to analyse how women can transform society so that they are no longer subordinated, by understanding how patriarchal relations control and constrict them” (1991, p. 203).

By adapting a feminist theoretical perspective in conjunction with social constructionism, my study aims to lead to social change by deconstructing the concept of virginity in Turkish culture. After challenging the scientific construction of the virginity myth and revealing the patriarchal mechanisms behind this myth, I will propose public policies related to the virginity concept. Writing specifically about feminist body politics, in which this virginity study might be included, Jacobus, Fox Keller, and Shuttleworth note the importance of social change in feminist thinking: “A feminist ‘body politics’ addresses this possibility of change, contesting the inevitability or naturalness of supposedly ‘scientific’ definitions of women’s bodies by showing how the discourses and narratives of science not only construct but depend on the very institution of gender which scientists claim to discover or observe” (1990, p. 7). The scientific construction of virginity is an illustration of how the institution of science replicates the social dynamics of gender in its work.

Hacking explains the premises of social constructionism in three stages:

¹⁵ Although I acknowledge that there are many feminist theories ranging from radical feminist theory to liberal feminist theory to socialist feminist theory, I prefer the singular term “feminist theory” referring to all these theories developed for women’s liberation in general.

1. “*X*¹⁶ need not have existed, or need not be at all as it is. *X*, or *X* as it is at present, is not determined by the nature of things; it is not inevitable.
2. *X* is quite bad as it is.
3. We would be much better off if *X* were done away with, or at least radically transformed” (2003, p. 6).

The first stage states that a reality, if not constructed by the society, would not exist at all or could be constructed in a different way. Because the reality does not exist in nature independent of humans, it can be eliminated. Second, the reality is criticized for negatively affecting people’s lives. Third, since it does not work for the good of people, the reality must be completely eradicated or at least changed towards a less negative reality. These premises are applicable to my analysis, which seeks to reveal the constructed nature of virginity from a feminist perspective. In light of Hacking’s representation, my analysis uses social constructionism to demonstrate that:

1. Virginity is not biologically determined, but brought into existence by men and male-dominated institutions of family, medicine, law, etc., so it is avoidable.
2. Virginity is oppressive, exploitative, and discriminatory for women.
3. Virginity must be eradicated to regain control over our own bodies and sexualities.

Berger & Luckmann argue that “while it is possible to say that man has a nature, it is more significant to say that man constructs his own nature, or more simply, that man produces himself” (1967, p. 49). What is missing from this statement is that man produces not only himself, but woman as well. What women know and experience as natural has been actually defined by men. The problem with male definitions of our identities and our realities is that these definitions are structured in certain ways to ensure men’s control over women. According to MacKinnon, “Men *create* the world from their own point of view,

16 By “*X*,” Hacking refers to any reality or idea such as gender.

which then *becomes* the truth to be described. *Power to create the world from one's point of view is power in its male form*" (1982, p. 537). Women living under patriarchy are simply supposed to accept the male definitions of realities without questioning them. At this point, feminist theory emerges as a powerful movement by questioning the essence of the seemingly natural givens and criticizing the male hegemony over women supported by these givens.

When I say that virginity is socially constructed, I do not mean that it is not real or important. The social construct of virginity is indeed very real and very important. It has serious, sometimes even deadly, consequences for women. The very essence of our being, our bodies, and sexual desires and pleasures are controlled through the concept of virginity. Virginity is a social construct, but when a woman is forced to submit to a virginity examination and to open her legs on a gynecologist table to be labeled a "virgin" or "non-virgin," that social construct becomes a painful and humiliating reality for her.

Judith Lorber confirms the reality of social constructs when she notes that "to say that sex, sexuality, and gender are all socially constructed is not to minimize their social power. These categorical imperatives govern our lives in the most profound and pervasive ways, through the social experiences and social practices of what Dorothy Smith calls the 'everyday / everynight world'" (1994, p. 35). Virginity, a significant part of female sexuality in many societies, is real and powerful because it deeply affects women's lives. Therefore, my claim of virginity as socially constructed should not be understood as a denial of social power of virginity; rather it should be seen as a starting point to challenge

the claim of virginity as a biological fact. We can eradicate virginity only after demonstrating that it *can* be eradicated and social constructionism provides us with this possibility.

The Role Of Science In The Social Construction Of Realities

How does a socially formed reality achieve an autonomous existence and become a given independent of its creators? If virginity is socially constructed, how do we perceive it as a biological fact, as part of nature? Science is the key to answering these questions. Science, or in Hubbard's terms, the social enterprise of fact-making, has such a powerful status in our societies that anything when presented as a scientific fact under the premise of objectivity becomes the dominant explanation of a natural reality (1989, p. 119). However, as Bleier notes,

Science is a socially produced body of knowledge and a cultural institution. Our culture is deeply and fundamentally structured socially, politically, ideologically, and conceptually by gender as well as by race, class, and sexuality. It then follows that the dominant categories of cultural experience will be reflected within the cultural institution of science itself; in its structure, theories, concepts, values, ideologies, and practices (1986, p. 2).

Science, a male-dominated institution, has been an important part of patriarchal societies by producing knowledge that presents gender as a natural category, and thus, justifying the gender-based power dynamics in these societies.

The objectivity claim of science, or the idea that knowledge can be produced "independent of individual perceptions," enables societies to disguise the socially constructed nature of realities, which are often oppressive and exploitative for a group of people (Babbie, 2004, p. 42). Scientists, by presenting themselves as unbiased and value-

free individuals who only conquer nature without distorting it, legitimize men's domination of women by constructing gender and gender-based sexuality as biological and natural. Such scientific construction of realities prevents people from questioning and challenging them, which means that science strengthens the status quo. When doctors or medical scientists medicalize virginity, which oppresses women as a social group, under the claim of objectivity and neutrality, society accepts the scientific definition of virginity without questioning it. Because medicalization of virginity fits the society's patriarchal need to control women's bodies and sexualities, the society accepts such medicalization more easily and more readily. Society and institution of science depend upon and support each other in their control of women.

Abbott & Wallace note that "Western scientific medicine is said to be objective and value-free, and doctors are seen as medical scientists who are objective about their patients in much the same way as any other scientists are about their subject matter. Medical science progresses via the scientific method (the experiment), resulting in the acquisition of certain, objective, and unchallengeable facts and an autonomous and value-free body of knowledge" (1991, p. 96). In experiments, which are widely used in medicine, scientists claim to gain objectivity by distancing themselves from the subjects they study and controlling all the variables except the ones they are studying. However, science cannot be separated from the society in which it is created, because it is produced by the very agents of that society, who "often play[s] a major role in explaining and ultimately justifying various aspects of the way in which a society is organized" (Abbott & Wallace, 1991, p.

96). No matter how hard they try, scientists cannot escape from social norms and values, because even the laboratory is a social environment where gender as well as race, class, sexuality etc. play a significant role.

“By draping their scientific activities in claims of neutrality, detachment, and objectivity,” Namenwirth points out, “scientists augment the perceived importance of their views, absolve themselves of social responsibility for the applications of their work, and leave their (unconscious) minds wide open to political and cultural assumptions” (1986, p. 29). Similarly, doctors (medical scientists) increase the perceived importance of virginity by presenting it as a medical fact and thus support the patriarchal nature of their societies in their so-called objective work. Given the public image of doctors as scientists who heal and cure, it is hard to expect people to see that something doctors care about (virginity) is actually not healing/curing. Society sees doctors not as control agents, but as healers and curers. Since doctors are viewed as great authorities, virginity, when medicalized, is disguised as a natural given and becomes a more powerful reality.

Through medicalization, the medical profession “turns moral into medical” (Conrad, 1992, p. 223). Since the moral is defined in male terms and imposed on women, the medicine serves the male hegemony over women. Although medicine is not the only social institution responsible for the construction of virginity, it has a special role in this construction process because medicine has the power of fact-making. Medicine’s claims of healing, curing, and improving affect people’s perceptions of medical statements profoundly. When something is medically defined, people embrace that definition without

questioning it.

Medicalization is a very effective control mechanism since it does not visibly force people to do anything, but silently makes them control their appetite, sexual desire etc. by convincing them that such self-control is good for them. Turner states that “medicine is part of an extensive system of moral regulation of populations through the medical regimen” (1995, p. 13). Likewise, Foucault names this process of self-control guided by the social institutions as “governmentality,” or in Turner’s words, “a regime which links self-subjection with societal regulation” (1997, p. xv). Virginity is an example of governmentality, because social control of female sexuality is usually achieved by self-control exercised by women. The medical institution, by conceptualizing virginity as a biological fact, and the legal institution, by elevating virginity to the status of a legal matter, reinforce such self-control. These institutions give women the message that virginity is an important fact that should always be kept in mind, which lead women to constantly regulate their conduct in the social sphere.

In a patriarchal society, the male-dominated institution of science, medicine in particular, not only explains and justifies the gender-based structuring of that society as a reflection of nature, but also invents mechanisms to support men’s domination of women. The concept of virginity is such a scientific mechanism enabling men to directly control women’s bodies and sexualities. As Hubbard affirms,

The pretense that science is objective, apolitical and value-neutral is profoundly political because it obscures the political role that science and technology play in underwriting the existing distribution of power in society. Science and technology always operate in somebody's interest and serve someone or some group of people. To the extent that scientists are 'neutral' that merely means that they support the existing distribution of interests and power (1989, p. 128).

The virginity myth, when presented by medical science as a physical reality that can be examined, diagnosed, and treated, takes the form of a scientific fact, so in Hubbard's terms, medicalization of virginity is an illustration of "scientific mythmaking" (1989, p. 123). By associating virginity with the hymen and medicalizing it through virginity examination and virginity restoration surgery, the medical profession takes advantage of the social power of science to maintain the patriarchal construction of female sexuality. Virginity is the product of sexist science, which Harding describes as "morally and politically wrong because it supports those desires and interests of men that are satisfied only at the expense of women as a group" (1986, p. 109). Since sexist science enables male domination of women, the reflections of the sexist science such as virginity should be exposed so that they can be eradicated.

Male Control Over Female Bodies And Sexualities

In order to understand how men control women through virginity, we first need to understand what social control means and how it is achieved. Freund & McGuire define social control as, "those ways in which a society assures itself of its members' proper and respectable behavior, appearances, productivity, and contributions. Social control assures the relatively smooth functioning of the social order and the maintenance of hierarchical relationships such as class" (1991, p. 8). Human beings use social control mechanisms to

prevent chaos and to secure social organization, which seems beneficial. However, these control mechanisms also permit some groups to dominate and oppress others. The issue of social control becomes problematic for women, because in patriarchal societies, there are specific mechanisms that *men* use to control *women*. Virginity is one of them. Arin, a Turkish attorney and activist, quoted in the HRW report argues, “This is a way to control women. Why do men want women to be untouched? It is a matter of power” (1994, p. 4).

Although all human sexuality is socially controlled to various degrees in different societies, the control over women’s sexuality has its own specific purposes and mechanisms. Ilkkaracan argues that although female sexuality has different manifestations in different communities for different individuals, there is one commonality: “Sexuality continues to be used as a basic tool for patriarchal control of women and for oppression of society at large” (2004, p. xi). Virginity is such a patriarchal tool used by men to regulate women’s sexualities. By imposing the social norm of virginity on women, the society ensures the continuation of the institutions of heterosexuality, marriage, and family, which form the foundation of the patriarchal system. Illustrating how women’s sexuality is confiscated in an organized way, MacKinnon writes, “Heterosexuality is its [sexuality] structure, gender and family its congealed forms, sex roles its qualities generalized to social persona, reproduction a consequence, and control its issue” (1982, p. 516).

By presenting virginity as a natural part of female bodies, the male-dominated institutions of medicine and law constrict female sexuality into the heterosexual domain of marriage and family. As marriage and family are properly initiated after the bloody sheet

verifies the woman's virginity, the woman is passed like property from her father to her husband. In this environment, the woman's domestic labor is easily exploited and the transfer of the man's name to the next generation through the woman's reproductive labor is guaranteed. Virginity, therefore, is not only a constraint on women's premarital sexuality, but also a mechanism that shapes every aspect of women's lives. Bordo agrees that "viewed historically, the discipline and normalization of the female body – perhaps the only gender oppression that exercises itself, although to different degrees and in different forms, across age, race, class, and sexual orientation – has to be acknowledged as an amazingly durable and flexible strategy of social control" (1993, p. 166).

The social control of women through virginity is very powerful not only because various institutions such as medicine and law support this control, but also because women internalize the patriarchal norm of virginity and exert self-control. According to Freund & McGuire, "Internalized forms of control, such as individual conscience, are far more subtle and effective means of assuring uniformity. The standards by which persons learn to measure themselves are another way in which society uses the social self as a means of control" (1991, p. 8). The medicalization of virginity reinforces the self-control of sexuality by women, because it constructs the social norm of virginity as a much more powerful reality- an unchallengeable physical fact.

Chapter IV

Virginity In Turkish Culture

*Whether externally bound or internally managed, no body can escape
either the print of culture or its gendered meanings.¹⁷*

Virginity And The Concept Of Honor

Before discussing the conceptualization of virginity in Turkish culture, some background information about the country is needed. The Republic of Turkey, usually regarded as a developing Middle-Eastern country, is located in southwest Asia and southeast Europe. It is predominantly a Muslim society, but defined as a secular state. Turkey was founded on the remnants of the Ottoman Empire in 1923 after the Independence War. The founder of the country, Mustafa Kemal Atatürk¹⁸, was the military commander during the Independence War. He sought to establish Turkey as the integration of "Western modernity" and traditional Turkish values. The legal foundation of Turkey is based upon laws borrowed from various European countries like Italy, Sweden, and France.

Turkey is defined as a “constitutional republic with a unicameral multiparty Parliament of 550 members, elected directly for five-year terms” (Organisation Mondiale Contre la Torture [World Organization against Torture] (OMCT), 2003, p. 343). The

¹⁷ Bordo, 1990, p. 109.

¹⁸ He was granted the last name, Atatürk (the Father of the Turk), by the Turkish Grand National Assembly in 1934, after a law requiring all Turkish citizens to adopt last names was promulgated.

President, who has significant powers such as to appoint the members of the Constitutional Court and the Chief of the General Staff, also appoints the Prime Minister from the party with a majority in Parliament. The separation of powers is the basis of the Constitution. The military, which sees itself as the guardian of secularism, has extraordinary power in Turkish political life, “notably through the joint civilian-military National Security Council” (OMCT, 2003, p. 343).

In the last national elections (2003), the Justice and Development Party (JDP), a pro-Islamist liberal party, won the vast majority of the votes and seats in the Parliament. One of the most important issues on JDP’s agenda is Turkey’s admission to the European Union (EU). In 2002, Turkey enacted the EU Adaptation Law, “a substantial political reform package designed to meet EU criteria in the field of human rights” (OMCT, 2003, p. 343). Although the legislative efforts of the government were welcomed by the EU authorities, poor implementation of the law caused discontent. In December 2002, the EU postponed its decision to secure a start date for membership negotiations until 2004 due to “Turkey’s consistently poor human rights record” (OMCT, 2003, p. 362). Finally, on October 3, 2005, the EU and Turkey officially started the negotiation process, which is expected to take at least a decade. Unless the Turkish state shows sincere devotion to implementation of the laws related to human rights and improves its financial situation, it will take a long time until Turkey is accepted as part of the EU.

Having briefly described the political framework, we can proceed to the issue of virginity in Turkey. In Turkish culture, the concepts of virginity and honor are like two

sides of the same coin; they define each other. Nawal el Saadawi's explanation of the relation between virginity and honor in the Arab world is also applicable to Turkey: "There is a distorted concept of honor in our Arab society. A man's honor is safe as long as the female members of his family keep their hymens intact. It is more closely related to the behavior of the women in the family, than to his own behavior" (1980, p. 31).

The virginity status of a woman, illustrated by her conduct in the social sphere, symbolizes the honor of her family and community. Turkish women are expected not only to refrain from premarital sex, but also to behave properly in public, especially in their contacts with males. When a woman is suspected of sexual misconduct, which usually leads to rumors in her community, she is believed to bring shame to her family. Sometimes in order to cleanse this shame, the woman is murdered by her family, which is called "honor killing." Honor killing can be defined as, "the premeditated murder of preadolescent, adolescent, or adult women by one or more male members of the immediate or extended family. These killings are often undertaken when a family council decides on the time and form of execution due to allegation, suspicion, or proof of sexual impropriety by the victim" (Sever & Yurdakul, 2001, p. 964-965).

Due to the public outcry by the women's groups and the media, the Turkish government and legal authorities have started to give more attention to honor killings. According to the new TPC, honor killings are punishable by life sentencing without the probability of reduction in the sentencing. There are no official statistics on the number of honor killings in Turkey, because the police records "do not break down homicides into

specific types” (OMCT, 2003, p. 351). According to Kogacioglu, “an incomplete collection of the cases that received coverage in the national media shows that in the three-year period between 1994 and 1996 a total of fifty-three women fell victim to honor killings” (2004, p. 118). However, the actual number of honor killing cases in Turkey is estimated to be higher, not only because the media do not cover every case, but also because many honor killings are disguised as accidents or suicides.¹⁹

In Turkish culture, there are two kinds of honor, both of which are possessed by men: *seref* and *namus*. While a man’s *seref* is determined by his and his male family members’ social accomplishments, his *namus* is determined exclusively by the sexual conduct of the female members of his family (i.e. his wife, daughter, sister etc.). The term “honor killing” refers to murders committed to cleanse the tainted *namus*. *Namus* is such a powerful concept in Turkish culture that it is protected by strict control over female sexuality. Within this honor/shame complex, virginity becomes a vital issue, because in Turkey, women are expected to engage in (hetero)sexual relations only in the context of marriage. When a woman is suspected of premarital sexual contact, she might be forced to submit to a virginity examination. If the doctor reports that she is not a virgin, the woman might be killed to prevent her from shaming her family or to cleanse the shame. Thus, virginity of a woman is directly linked to the honor of her male relatives.

At the root of this virginity/honor complex lies the patriarchal assumption that women are properties of men. Moghadam notes that “in a patriarchal context, women are

¹⁹ Examples of honor killing cases in Turkey can be found in Sever & Yurdakul (2001, p. 980-984) and Arin (2001, p. 821-822).

considered a form of property. Their honor – and, by extension, the honor of the family – depends in great measure on their virginity and good conduct" (2003, p. 105). In Turkish culture, virginity has been constructed as a symbol of family honor that needs to be protected and in case of failure that needs to be cleansed by blood. When men see their daughters, wives, sisters etc. as their properties, they control them in the name of protection. Patriarchal control disguised as protection is a crucial issue because it leads to women self-controlling. Kandiyoti calls this process “patriarchal bargain,” where women’s compliance with the patriarchal norms is rewarded with “security, stability and respect” (as cited in White, 2003, p.156). Instead of resisting the oppressive norm of virginity, women “conform to it, and even impose it on other women, in order to be worthy of the protection from the man’s side of the bargain” (Kozma, 2004, p. 56).

When a woman breaks the gender/sexuality norms and challenges the male control over her, she gives society the message that her “owners” are incapable of protecting/controlling her. This message causes the male “owners” to lose their social status defined by honor. Therefore, the males of the family punish the woman to regain their status, thus proving that they have the control over her. Shalhoub-Kevorkian agrees that “a man’s honor is aligned with his power to protect his property (the woman being his most prized possession)” (2005, p. 1190).

The perception of women as property brings on not only the issue of protection and control, but also the problem of commodification of women. Leila Ahmed notes that “women’s sexuality was designed the property of men, first of the woman’s father, then of

her husband, and the female sexual purity (virginity in particular) became negotiable, economically valuable property” (1992, p. 12). Bride-price, which can be defined as the money or goods given to the father of the bride by the groom as a compensation of her upbringing expenses and labor, is the utmost illustration of commodification of women. Although bride-price is legally banned in Turkey, it is still practiced especially in the rural areas. According to Ilkkaracan’s study in Eastern Turkey, 61.2 % of the 599 women interviewed reported that “their husbands had to pay a bride price for them” (2004a, p. 234).

The practice of bride-price means that women can be sold and bought like any other property. When husbands pay for their wives, they assume that they have the ultimate control over their wives' reproductive and productive capabilities. In this context, virginity emerges as the product-quality mark of the woman. It is a label saying that she has not been “used” by other men. The accessory of the red belt worn commonly by brides on their white wedding dress can be seen as the ribbon wrapped around a newly bought commodity. This red belt is the public announcement of the virginity of the bride, since it symbolizes the bleeding of the bride’s hymen on the wedding night, which is called *gerdek gecesi* in Turkish.

Virginity In Turkish Language

The perception of virginity as an important physical reality is enabled not only by the social institutions of medicine and law, but also by the language of the society. Language, a major component of culture, “constitutes both the most important content and

the most important instrument of socialization” (Berger & Luckmann, 1967, p. 133). We can learn a lot about a culture by studying its language, because language has been constructed within that culture (an ongoing process of creation and recreation) and inevitably mirrors it. When we are socialized in a patriarchal society, we learn specific social expectations, norms, and roles all based on gender. Language, a significant instrument of socialization, reflects the patriarchal formation of that society. When we learn the language and thus the culture, we internalize the patriarchal components of the society as natural givens.

Berger & Luckmann argue that “language objectivates the shared experiences and makes them available to all within the linguistic community, thus becoming both the basis and the instrument of the collective stock of knowledge” (1967, p. 68). When the social construct of virginity is integrated into language, it becomes objectified as a tangible fact, which is disseminated to all people speaking the same language. By using language, it is assured that both women and men will perpetuate the concept by using the language. Andersen points to this double-function of language: “Language both reflects and reinforces the cultural systems in which it is used. Note that this is a two-way process in that language reflects the values of the dominant culture and therefore can be one means by which stereotypes are communicated and reproduced” (2003, p. 58). Since in Turkish society, virginity is a very important control mechanism, the Turkish language reflects and reinforces this cultural reality.

The conceptual importance of virginity in Turkish culture can be clearly seen in the

language. While the exact Turkish equivalent of “virgin” is *bakire*²⁰, the most commonly used term for virgin is *kiz*, which means “girl.” In Turkish culture, there is a significant differentiation between a woman and a girl based on virginity/hymen. A girl becomes a woman when she loses her virginity, which is expected to happen only when she gets married. Reflecting this differentiation, “hymen,” which is sometimes translated into Turkish as *himen* in medical contexts, is often articulated with the phrase, *kizlik zari* (the membrane of girlhood). As Parla notes, “even in documented medical reports, the phrase deployed to indicate the rupture of the hymen is ‘not a girl’ (*kiz degil*)” (2001, 79). Another reflection of the differentiation between a woman and a girl is the concept of housewife. In Turkish, there are two words for housewife; one is house-woman who is married (*ev kadini*) and the other is house-girl who is waiting to get married (*ev kizi*). These linguistic features demonstrate the cultural assumption that on the first night of the marriage, the bride (girl) is turned into a woman by penile penetration. According to this phallocentric view, penis is the only thing that can turn a female into a woman.

In *The Contemporary Turkish Dictionary* prepared by Turkish Language Institution (TLI), the definition of *kizlik* (girlhood) is similar to the one used in this study for virginity: “the status of a female who has not had sexual intercourse.” *Kiz* (girl) is defined as “a female child; a virgin; and an unmarried female person” (TLI). Similar to the definitions given in the English dictionary (“virgin” in Merriam-Webster, Inc., 2003, p. 1397), the Turkish definitions also mention sexual intercourse and marriage as the criteria of

²⁰ The term “virgin” has two versions in Turkish: *bakire* and *bakir*. While *bakire* refers to females, *bakir* refers to males. The Turkish equivalent of “virginity” is *bekaret*.

virginity. In the same Turkish dictionary, *kizlik zari* (the membrane of girlhood or the hymen) is defined as “the membrane that partly closes the vagina²¹ of girls who have not had sexual intercourse” (TLI). As these definitions show, in Turkish culture, the status of virginity or girlhood belongs to females who have not had sexual intercourse²², which is assumed to come along with marriage.

Turkish has a very rich linguistic collection of terms related to “girlhood” (virginity), some of which Sever & Yurdakul illustrate in their article (2001, p. 974). One example is the phrase, *kiz kacirmek*, which translates “to kidnap a girl.” Despite the word “kidnapping,” the typical situation is that a woman and a man run away together. This phrase implies that an unmarried girl (a virgin) runs away with a man (usually because their families do not permit them to get married) and they have sexual intercourse before getting married. Because the virginity of the girl is gone due to the intercourse, the families willingly or unwillingly approve of the marriage to protect their honor, or in some cases, one or both are killed to cleanse the shame. These linguistic elements of Turkish language indicate that virginity in Turkish culture is the most valuable asset of a woman and when she loses it outside the socially approved context (marriage); she causes the loss of the family honor, which can be reestablished by marriage or cleansed with her blood.

Berger & Luckmann notes that “society, identity *and* reality are subjectively

21 In this dictionary entry for “*kizlik zari*,” the Turkish word *dol yolu*, which translates “the semen/sperm track,” is used to refer to the vagina. Instead of *dol yolu*, the more neutral term *vajina* (vagina) could have been preferred. The sexist term of *dol yolu* illustrates the patriarchal production of the female body, since even the vagina is defined in male terms.

22 Here, sexual intercourse is believed to refer to the insertion of the penis into the vagina, which is an illustration of compulsory heterosexuality.

crystallized in the same process of internalization. This crystallization is concurrent with the internalization of language” (1967, p. 133). Because the Turkish language is inundated with expressions reflecting the cultural importance of virginity, internalization of the language by women is an important tool for patriarchy to sustain itself. When women internalize oppressive products of patriarchy such as virginity, they perpetuate and reinforce the patriarchal system based on control of female sexuality.

Virginity: Modernization Versus Traditionalism Paradigm

Turkey was founded in 1923 on a Western secular model of modernization. The new state wanted to be part of the West but still keep its cultural authenticity. Bowing to secularism and European style of dressing, the fez²³ and veil were abolished in 1925. Women were granted political and civil rights such as the right to vote and run for office; they were encouraged to attend universities and work outside home. However, many Turks did not agree with these radical government reforms. White argues that the new state, under the leadership of Atatürk, “determined the characteristics of the ideal woman and set up a monopolistic system to propagate this ideal in a population that held quite different values and perceptions of ideal women’s behavior” (2003, p. 145). Despite all the state effort to emancipate Turkish women, the upper strata women benefited from the reforms more than their lower-class counterparts.

The reforms created to facilitate women’s equality in the social sphere led many scholars to refer to the national policy of the new state as “state feminism” (White, 2003, p.

23 Male hat in Ottoman style.

145). However, the guiding principle behind the reforms was not actually feminism, but Westernization. Turkish women were viewed as the symbol of the new national identity, and, therefore, they were encouraged to adopt the image of modern Turkish woman. As Parla states, “women became the ‘ground’ upon which notions of being modern became articulated” (2001, p. 70). According to this image, Turkish women were expected to be well-educated modern mothers because they would raise the future generation of patriots. White agrees that “modernity, as defined by the Turkish state, included marriage and children as a national duty for women” (2003, p. 146). Modernization did not liberate Turkish women; rather it draped a new dress over the existing patriarchal control mechanisms. Similarly, Parla notes that “motherhood thus took on a connotation beyond that of the instinctively loving, nurturing female: mothers were now patriotically conscious women who bore the graver responsibility of imparting their unconditional love of the nation to their children, but more importantly, it seems, to their sons” (2001, p. 73). Marriage and motherhood were presented as the sacred duties of women. Therefore, despite a new national identity and policy, Turkey remained as a patriarchal society.

Because the new Turkish woman was conceptualized as wife and mother, the cultural emphasis on virginity and honor was never challenged, but reinforced by the new state. In the Turkish context, modernization “demanded that women be unveiled without unburdening them from the requirement of chastity” (Parla, 2001, p. 75). This created, in Kandiyoti’s words, “compensatory symbolism and a new veil-that of sexual repression” (as cited in Parla, 2001, p. 75). Turkish women were encouraged to be modern and

Western-looking, but also expected to honorably represent their authentic culture.

The concept of virginity has been reinforced by both the state and the medical institution, which can be seen as one of the most powerful institutions in the context of modernization. Ilkkaracan argues that “the discourse of modernization sought to bring women’s reproductive capacity under state control and surveillance through multiple methods supplied by modern professions. These methods included ... defining sexuality and reproduction as the proper concern of modern professions such as medicine” (2004b, p. 6). In Turkey, modern medicine enables the state to control female sexuality by redefining virginity as a biological reality. Medical practices such as virginity examination and virginity restoration surgery are products of modernization. Contrary to the common belief, modernization does not guarantee women an egalitarian social environment, but perpetuates oppression and exploitation of women in more insidious ways.

In the literature, the most visible problem associated with virginity, virginity examination is often analyzed within the modernity versus traditionalism paradigm (Cindoglu, 1997; Kozma, 2004; Parla, 2001). These articles propose that virginity examinations should be seen as “a particularly modern form of institutionalized violence,” not simply as backward traditions (Parla, 2001, p. 66). Parla criticizes the reductionist approaches to the practice and writes that virginity examinations “are condemned as proof of our failure in attaining the desirable degree of modernity” (2001, p. 66). Virginity examination is not a reflection of Turkey’s failure to become modern and Western, but of modernization shaped by patriarchal institutions such as medicine and law.

In *Discipline & Punish*, Foucault discusses the control mechanisms created by modernization such as the hospital, the prison, the school, and the army (1995). He argues that modern society regulates people through institutions not only to control them but also to increase their utility. Virginity is a product of the modern *but* patriarchal regulatory mechanisms of medicine and law; it not only controls women's sexuality but also increases their reproductive and productive utility as mothers and domestic workers by supporting the institutions of marriage and family.

Writing about the practices of virginity examination and virginity restoration surgery in the specific context of Turkish culture, some scholars (both Turkish and Western) ignore that modernization, not the traditions or the religion of Islam, provides the patriarchal culture with these tools to control women's bodies and sexualities (Bekker, Rademakers, Mouthaan, De Neef, Huisman, Van Zandvoort, & Emans, 1996; Cevik et al., 2003; Frank et al., 1999; Gursoy & Vural, 2003; Rademakers, Mouthaan, & De Neef, 2005).

In their article about the prevalence of virginity restoration surgery in the Turkish immigrant population in the Netherlands, Bekker et al. attribute the cause of the maintenance of the Islamic culture and the failure to adapt to the European culture: "Having to cope with contradictions between traditional Islamic and modern western European norms, values, and practices regarding sexuality, virginity and marriage, exposes these young women to very specific and severe forms of acculturative stress" (1996, p. 331). Such a reductionist and Eurocentric approach disguises the real roots of the problem,

which is the universal patriarchal control of women's sexualities, while establishing a cultural superiority over non-Western societies. Bekker et al.'s statement reflects "the assumption that 'Third-World women's problems' are fundamentally problems of 'Third-World women being victimized by Traditional Patriarchal Cultural Practices'" (Narayan, 1997, p. 59). Bekker et al. ignore that modernization does not provide any solutions to the problem, but more improved tools to support the patriarchal control of women.

Another problem with Bekker et al.'s statement is the assumption that there is a single Islamic culture that prevails in all Muslim societies.²⁴ Islam is a world religion shaped by the institutions (i.e. law, education etc.) of the specific society in which the Muslim faith prevails. Although the Qur'an provides the basis of Islam, the sociopolitical conditions of a society affect how the text is interpreted and practiced. It would be a mistake to categorize, for instance, Turkey and Iran as maintaining the same Islamic culture, because while the former is a secular country, the latter is ruled under the Islamic law of Sharia. Moreover, Islam is not the only religion that embraces the concept of virginity; Christianity also venerates virginity as exemplified by the worship of the "*Virgin Mary*."

The concept of virginity, which might take different forms in different cultures, exists as a patriarchal control mechanism irrespective of religion or location. When practices such as virginity examination and virginity restoration surgery are examined

²⁴ By "Muslim society," I mean societies where the majority of the population is Muslim. In Turkey, approximately 99 per cent of the population self-identifies as Muslim (Retrieved March 21, 2006, from the U.S. Department of State Web site: <http://www.state.gov/r/pa/ei/bgn/3432.htm>).

outside the sociopolitical context in which they occur, “a simplistic, ahistorical, and apolitical picture” is presented (Narayan, 1997, p. 60). Such a reductionist approach does not provide effective solutions to problems such as virginity examinations, but reproduces the binaries of East/West, modern/traditional, us/them.

Chapter V

Virginity And The Institution Of Medicine

*Patriarchy perpetuates its deception through myth.*²⁵

Medicalization Of Virginity

The construct of virginity, which is a social control mechanism used to regulate women's bodies and sexualities, has great power in Turkish society. Medicalization of this construct cements its control. The hymen is used as the medical criterion for virginity; it is examined and restored in hospitals and private clinics by medical doctors. In this context, medicalization refers to the process by which "medical definitions and treatments are offered for previous social problems or natural events" (Conrad, 1992, p. 223). The medicalization of virginity is an example of a social problem, premarital female sexuality in patriarchal societies, medicalized in order to create a normal/deviant binary. Through the concept of virginity, premarital sex is presented as deviant and normal sex is defined by marriage. In this context, while women engaging in medically and socially normal sex are rewarded by being labeled chaste, virtuous, honorable, others who fail to comply with this norm labeled deviant and dishonorable.

Virginity originated in patriarchal societies first as a non-medical concept to respond to men's paternity and property (or inheritance) concerns. Blank argues that

²⁵ Daly, 1978, p. 44.

virginity was developed within the patriarchy/property/paternity complex, because “the easiest way to know the identity of the father of a given child, and thus to know that a particular child ‘belongs to’ a particular male, is to limit who has sexual access to a given woman” (2007, p. 46). Due to this paternity concern, the control of female sexuality through virginity has always been an important aspect of patriarchal societies, since when premarital sexual intercourse is prohibited by the virginity norm, men guarantee that they have fathered the children to whom their wives gave birth.

In this context, societies have developed various methods to determine whether a woman has ever had heterosexual intercourse.²⁶ Today, the most powerful method used by modern patriarchal societies to determine the virginity a woman comes from medical science. By examining the hymen, an allegedly objective method, doctors make scientific claims about sexual histories of women, which are regarded as undeniable truths.

However, as *Our Bodies, Ourselves* notes,

You may or may not be able to see the remains of your hymen, which disappear for different reasons and at different times. Exercising, using a tampon, and sexual activity all can cause the hymen to disintegrate. Whether or not you have a visible hymen says *nothing* about whether or not you have had sex. It is *impossible* to tell simply by looking at a woman’s hymen whether she has had sexual intercourse (The Boston Women’s Health Book Collective, 2005, p. 234).

In addition to the unreliable nature of the hymen, Blank also notes the unreliability of doctors making the diagnosis of virginity, which she defines as “a matter of interpretation” (2007, p. 183). Since the hymen does not offer a sound basis for determining virginity, in virginity examination, doctors interpret what they see. As Blank

26 For historical information on the methods used to determine a woman’s virginity status, see “Chapter Six: The Blank Page” in *Virgin: The Untouched History* (Blank, 2007, p. 138-187).

argues, “Even the best-trained and most high-minded of us will sometimes see precisely what we are predisposed to look for” (2007, p. 184). Doctors have their own values, ideologies, and experiences, which affect their interpretation of the condition of a woman’s hymen.

In order to demonstrate how subjective virginity examination results are, Blank cites a study conducted by Dr. Jan E. Paradise from Boston University School of Medicine. 604 physicians, who participated in this study, were individually asked to evaluate “a set of clinical photographs of the external genitalia of seven girls, presented with brief case histories” (2007, p. 184). Four months later, the same physicians were given the same photographs, but they were told that the photographs were different. Although the photographs were the same, six of the seven case-histories presented along with the photographs were different, because they suggested that the subject whose genitalia were depicted in the photograph had been sexually abused. In the first phase of the study, none of the case-histories had mentioned sexual abuse. When the physicians’ before and after evaluations were compared, it was found that “the least experienced doctors’ interpretations changed by as much as 27% or nearly one-third of the time” (Blank, 2007, p. 185). The percentage was lower for the more experienced doctors, but it was still high: “Even they revised their opinions as often as 5.6% of the time,” which Blank refers to as “a substantial margin of error” (2007, p. 185). Although limited by numbers, this study shows that hymen examinations by even the “best” doctors yield inconsistent and unreliable results. When we think about the serious and sometimes deadly consequences of these

examinations for Turkish women, it is alarming that some women's lives depend on how a doctor *interprets* their hymens.

The term “reification,” which is commonly used in social constructionist medical sociology, explains how virginity has been medicalized (Brown, 1996; Filc, 2004; Freund & McGuire, 1991; Taussig, 1980). Berger & Luckmann define reification as “the apprehension of the products of human activity as if they were something else than human products – such as facts of nature, results of cosmic laws, or manifestations of divine will. Reification implies that man is capable of forgetting his own authorship of the human world” (1967, p. 89). The medical profession has reified virginity by using the hymen and concealed virginity's imaginary nature under the scientific authority. Once reified, or granted a biological existence, virginity is easily medicalized.

Medicalization of social realities has significant consequences for different social groups but especially women. Conrad & Schneider note the negative consequences of the medicalization of deviance, some of which I will apply to the medicalization of virginity (1992, p. 248-252). I have already discussed that the medicalization of virginity enables the patriarchal Turkish society to easily control women's sexualities, which constitutes the first consequence, “medical social control” (Conrad & Schneider, 1992, p. 249-250). The second consequence, “depoliticization of deviant behavior,” is another very important negative aspect of the medicalization of virginity (Conrad & Schneider, 1992, p. 250-251). When virginity is presented as a medical fact, the political motives behind its construction are concealed. Women, and men, do not see virginity as an oppressive control mechanism,

but as a natural occurrence. The social importance of the moment when woman's vagina is penetrated for the first time by a penis is given an apolitical meaning by the medical institution because the process is reduced to its physical aspects (breaking of the hymen). However, virginity is an entirely political construct conceptualized around gender norms.

The third consequence of medicalization, "domination of expert control," explains why the medical definition of virginity is not challenged (Conrad & Schneider, 1992, p. 249). The medical profession is organized in a certain way that guarantees that doctors have a monopoly over medical knowledge. Medical language mystifies knowledge, thus, giving doctors control. It is almost impossible for lay people to understand medical information without translation. Medical journals illustrate well the mystifying role played by medical language.

In Turkey, it is commonly believed that only pharmacists can read doctors' handwritten prescriptions. My own personal experience confirms this belief. This simple example shows that even doctors' handwriting mystifies knowledge. Berger & Luckmann point out that "to underline its authority the medical profession shrouds itself in the age-old symbols of power and mystery, from outlandish costume to incomprehensible language, all of which, of course, are legitimated to the public and to itself in pragmatic terms" (1967, p. 88). These aspects of medicine not only prevent people from questioning medical knowledge, but also enhance the medical authority of doctors. Thus, when virginity is monopolized by the medical profession, instead of discussing and questioning the concept in the public sphere, people take doctors' words for granted; and so, the medical definition

of the hymen is never challenged.

Since medicalization enhances the social importance of virginity in Turkey, it also has another consequence, vaginismus, which is only mentioned by Kayir (2004) in the literature on virginity. Kayir defines vaginismus as “an involuntary spasm of the muscles surrounding the vaginal entrance whenever penetration is attempted” (2004, p. 255).

Vaginismus is a disorder that seriously threatens the heterosexual institution of marriage, since intercourse is the act that defines marriage and is needed for procreation.

According to Kayir, when compared to Western societies, “the proportion of vaginismus cases is not only high in Turkey, but they are also rather difficult to treat” (2004, p. 263). In 1990, 52 per cent of the patients who consulted the psychoneurosis outpatients’ clinic in the Psychiatry Department of Istanbul University for sexual dysfunctions came for vaginismus (Kayir, 2004, p. 263). Pointing to the connection between high rates of vaginismus and the significance of virginity in Turkish culture, Kayir notes that “most young girls, when they have been constantly warned to protect their hymens, experience difficulties in their first sexual intercourse” (2004, p. 263). In this context, I argue that vaginismus is associated with patriarchy, because it occurs when the patriarchal control mechanism of virginity backfires. It is ironic that a woman who keenly protects her hymen to comply with the virginity norm is labeled “dysfunctional” when she does not give up her hymen after marriage. Once married, she is supposed to engage in heterosexual intercourse, and if she cannot, she must be corrected by medicine.

Treatment Of Imperforate Hymen

In Turkey, the medical practices that reinforce the medicalization of virginity include not only virginity examination and virginity restoration surgery, but also the unconventional treatment of the gynecological complication of imperforate hymen. In order to understand what imperforate hymen is, we first need to know what the hymen is. Blank explains the configuration of the hymen along with the vagina, which happens by the end of the seventh month of pregnancy, as follows:

At the threshold between the urogenital space and the vagina, where the canalization²⁷ process completes itself, a small, flexible flange of what used to be the body wall remains around the rim of what is now an opening in that wall. ... The reason the hymen exists at all is because the vagina requires an opening to function. The hymen is what's left over when that opening forms (2007, p. 56).

The hymen, or the “tiny remnant of the process of genital development” (Blank, 2007, p. 56), has no known physical function in women’s bodies (Blank, 2007, p. 41). Some hymens contain blood vessels, which causes bleeding when they are torn due to several reasons (penile penetration is one reason). This feature of the hymen has led to the misconception that *all* women bleed when they lose their virginity with the first vaginal penetration. According to Bekker et al., “between 40 and 80 % of women do not bleed during the first coitus” (1996, p. 332).

The hymen normally has at least one hole, whose size changes depending on the woman. Despite the terms we use for the hymen such as “intact” or “unbroken,” the hymen is actually already broken. When it is not broken, it is called imperforate hymen, which is a

²⁷ This is the process “in which a solid cord turns into a canal or tube,” “giving the vagina its opening to the outside of the body” (Blank, 2007, p. 55).

medical problem, where the hymen thoroughly closes the entrance of the vagina preventing the menstrual blood and vaginal fluids from flowing out and causing pain and risk of infection.

According to Blank, imperforate hymen is “a minor birth defect” (2007, p. 61) and it is “the single most common obstructive anomaly of the female genital system” (2007, p. 124). There are various estimates on the prevalence of imperforate hymen worldwide. While Acar et al. note that it occurs in approximately one in 2000 women (2003, p. 72), Copeland notes that it occurs in approximately one in 1000 women (2000, p. 561)²⁸. The standard treatment of the problem is a simple surgery where the hymen is incised, usually in a cross shape, and sutured to create an opening that will enable the blood-flow. If the menstrual blood has already accumulated in the vagina, uterus, etc., it must be drained away, since “this old blood is a perfect environment in which infection can develop” (Madaras, 1981, p. 251).

Given that an “intact” hymen is regarded as the physical criterion of female virginity, the standard procedure of cutting the hymen might be interpreted as the loss of virginity. Therefore, in a state university hospital in Turkey²⁹, a group of physicians have developed an alternative technique both to provide an effective solution to the problem of imperforate hymen and at the same time to enable the patient to retain her virginity. This alternative procedure, called “treatment of imperforate hymen by application of Foley

28 These estimates are not specific to any countries and the authors do not explain how they have come up with such precise numbers.

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catheter,” was introduced to the world of medicine in *European Journal of Obstetrics & Gynecology and Reproductive Biology* (Acar et al., 2003). The literature on the treatment of imperforate hymen by application of Foley catheter is limited to Acar et al.’s article (2003), the editorial comments on the article in the same issue of the journal (Garden & Bramwell, 2003), and Blank’s book (2007). In order to expand the literature and gain deeper understandings of the alternative treatment, in July 2005, I interviewed Dr. Acar, who was the head of the all-male research team that invented the procedure.

The interview lasted approximately 45 minutes and was conducted in the doctor’s office before he started his daily patient visits. Before the interview was scheduled, I introduced myself to the doctor on the phone since we were in different cities. I told the doctor that I was planning to write my Master’s thesis on the concept of virginity in Turkey and was very interested in his study on imperforate hymen. The fact that I was studying in the *USA* seemed to leave a good impression on the doctor, who immediately agreed to the interview. I informed the doctor that I was studying in the Women’s Studies program in Towson University, but refrained from using the term “feminist” since I believed it would have an adverse effect on the interview. Before the interview started I asked the doctor if I could record him and use his name in my research paper. He agreed to be recorded and named.

The interview was a structured one with approximately thirty questions written down in advance.³⁰ The questions focused on his research on imperforate hymen, the

30 The English translation of the interview questions can be seen in Appendix A.

hymen, the concept of virginity, and virginity examinations and virginity restoration surgeries. The legal aspects of these practices in relation to the state hospitals were also addressed in the interview. Most of the questions on the imperforate hymen treatment were derived from the editorial comments in the same issue of the journal (Garden & Bramwell, 2003). The interview was conducted in Turkish, and I translated the quotes used in this analysis.³¹

According to Acar, in the standard treatment of imperforate hymen in Turkey, the hymen is incised in the shape of a cross and then the patient is given a *report* stating that her hymen has been opened for medical reasons (2005). Acar explains the reason for such a report as, “When she gets married, she can say that her hymen is not unbroken, but only because it was opened by the doctor because it was imperforate. That is how she protects herself” (2005). By providing such a report under the guise of protection, the medical institution confirms and reinforces the myth that the hymen is proof of virginity and it should remain unbroken, except when medically necessary, until the wedding night.

Acar stated that the idea of creating an alternative treatment method for imperforate hymen arose when a man (the patient’s father) did not want the doctor to cut his daughter’s imperforate hymen due to his concerns about her virginity (2005). In Acar’s words, “the father says that the hymen is very important, perhaps more important than the girl herself. He says that only if there are no other means, then open the girl” (2005). Instead of telling

31 I received my B.A. in Translation & Interpreting from Bogazici University, Istanbul, Turkey, in 2002, and I have experience in English/Turkish and Turkish/English translation. (Please see Appendix A for the English translation of the interview questions.)

the father that nothing, especially not a *functionless* membrane, can be more important than his daughter's well-being, Acar puts aside the standard treatment, which according to him, is easy to perform and safe (2005). He decides to use a needle and a Foley catheter to make an opening in the hymen so the blood can drain. This opening is very small³² so that the daughter can be *appropriately* (causing pain and bleeding) deflowered by her future husband. In Acar et al.'s article, the purpose of the treatment is explained as "treatment of patients with imperforate hymen without damaging the structure of hymen" (2003, p. 72)

Acar's decision to invent a new treatment is motivated not by his patient's concerns, but by the father's patriarchal expectations about his daughter's future marriage, the success of which depends on her virginity. The interesting point here is that throughout the interview, Acar referred to the patient's father as "the patient." For instance, after stating that he created the alternative treatment because of the patient's father, he said, "as a doctor, you have to take into consideration the *patient's* opinion" (2005). This attitude clearly illustrates the social perception of Turkish women as properties of their fathers until marriage. When making a decision about the patient's health, the doctor gives priority to the father's concerns, which are not related to the patient's health.

In this alternative technique, the doctor opens the hymen using a needle, drains the blood accumulated inside the vagina, and places the catheter inside the hole opened in the hymen. While local anesthesia is used in the standard treatment, the cross incision, which includes a larger incision on the hymen, this alternative treatment does not require

32 The diameter of the orifice is typically 0.5 cm (Acar et al., 2003, p. 72).

anesthesia because the incision is very small. After the surgery, the doctor prescribes antibiotics to prevent infection and estrogen cream, which prevents the hymenal opening from closing back. According to Acar, the procedure is similar to ear-piercing, where after the ear is pierced, we need to wear the earring so that the hole will not close back (2005). After the surgery, the patient is sent home with the Foley catheter in her vagina. At the end of the catheter, there is a container where the blood is accumulated. The patient is asked to come back for a follow-up two weeks later. In order to secure the small hole in her hymen, she has to spend *two weeks* with a catheter in her vagina. Two weeks later, the catheter is removed and the patient is asked to come for monthly follow-ups for six months.

Defending his procedure, Acar claimed that this alternative treatment was less aggressive and less invasive than the standard one, because the standard treatment included a large incision on the hymen, stitches, and anesthesia (2005). However, I believe, the alternative treatment is more invasive because instead of being treated in a short time, the patient has to live two weeks of her life with a catheter and bag taped to her foot. Garden & Bramwell agree that “having to have a Foley catheter in situ for 2 weeks seems excessive” as well as “the 6-monthly follow-up visits” (2003, p. 3).

One of the biggest risks of imperforate hymen is that after the blood accumulates in the vagina, infection might occur. If the blood is not drained and the vagina is not cleaned in time, the infection might cause infertility. At this point, two vital concerns of patriarchal society about women’s bodies come into play- virginity and reproduction. According to Acar, families of a few patients with imperforate hymen refused treatment in order to keep

the daughter's hymen "intact" (2005). In such cases, the patient has to go to the hospital every month when she menstruates so that the blood will be drained. However, Acar says, imperforate hymen needs to be treated because if it is not, "perhaps the hymen might be saved, but this time, the woman will have an infertility problem in the future" (2005). Here, Acar problematizes virginity concerns of families only because they threaten the ultimate duty of women-motherhood. This approach emphasizes that imperforate hymen could be a serious issue, because it might cause infertility, not because the woman is in pain or at risk of infection. As Zimmerman notes, "physicians tend to view women's health problems, whatever their type, location, or symptoms, in terms of reproductive function" (1987, p. 448).

In their editorial, Garden & Bramwell note that "the only indicator of 'success' of the procedure considered by Acar et al. was hymenal bleeding on first intercourse" (2003, p. 3). In addition to bleeding, Acar et al. mention pregnancy and birth, to demonstrate that their treatment was successful. They note that after six of their fifteen patients got married, "hymeneal bleeding and defloration was seen in all them" and four out of these six women gave birth (2003, p. 74). By presenting hymenal bleeding and pregnancy/birth as success indicators, Acar et al. not only perpetuate the myth of bleeding during first intercourse, but also reinforce the patriarchal institutions of family and heterosexuality. Thus, a Turkish woman proves herself when she bleeds on her wedding night and when she gives birth. This (hetero)sexist approach is confirmed by Rosser who notes that "obstetrics and gynecology deal primarily with issues surrounding procreation and heterosexual activity.

Thus women's health care is being defined in terms of women's relationships with men" (1994, p. 50).

Acar et al.'s treatment poses a serious problem for the patient, which is not mentioned in their article. Since in this treatment, the incision of the hymen must be as small as possible, it is highly probable that the patient will have a painful and difficult first vaginal penetration. Blank agrees that "this surgery essentially ensures that the women who have had their hymens opened and rebuilt in this way will endure quite a bit of pain and trauma before the tissue finally tears" (2007, p. 130). When I asked Acar about this problem during the interview, he said,

Thanks for reminding me of that [the risk of difficult and painful first vaginal penetration] because I forgot to mention it. We always tell the patient not to try it too hard if they have any difficulties having intercourse on their wedding night. We ask them to come to the hospital together. Since it is certain that the hymen is unbroken, we can explain it to the husband and open the patient. Until now, we have had only one patient with this problem. We made her hymenal opening bigger and told them to wait for a week. One week later, they had intercourse, so it was not a big deal (2005).

Although the alternative treatment might turn the first intercourse into torture for the woman, the doctor still defends his procedure by discounting the woman's painful initial sexual experience. The doctor's main concern is heterosexual intercourse, thus the husband and the institution of marriage, rather than the woman is his main concern. Here, the patient is reduced to a sexual object waiting to be deflowered by her husband and her bleeding and suffering are perceived as the natural outcomes of marriage, so they are "no big deal."

Since Acar et al.'s treatment is a reflection of the social perception of the hymen as

the proof of virginity, I asked him what the function of the hymen was in women's bodies. One of the most interesting statements in the interview was Acar's answer to this question. In order to explain the function of the hymen metaphorically, Acar grabbed a bunch of paper packaged in a plastic wrap and said, "What is the function of this wrap? It tells us that the package has not been opened yet. The paper comes in this wrap, which shows that nobody has used it before. That is the only function of the hymen. As an organ³³, it does not have any functions" (2005). The hymen is nothing more than a seal which shows that the woman in question has not been "opened" and "used" by someone else. In this statement, which evidences a sexist explanation, women are presented as sexual objects and the properties of men. While the doctor knows that the hymen has no bodily functions, which means that absence of the hymen would not cause any health complications, he invents a completely new treatment merely to save this functionless membrane.

Acar et al.'s treatment supports the patriarchal obsession with virginity, a control mechanism used to perpetuate the patriarchal institutions of heterosexuality and marriage. When I asked Acar, "Should gynecologists allow themselves to become concerned with this cultural emphasis on the intact hymen as 'proof' of women's 'virtue'?" (Garden & Bramwell, 2003, p. 3), he replied,

In the end, we, doctors, are living in this country. If the procedure is not very wrong, I do not say it is not wrong, perhaps it might have a few little problems, but if it is not very wrong, doctors should take the patient's social position into consideration. I believe one duty of doctors is to make patients happy. If this alternative treatment is easier, if the family is going to be peaceful, and if the treatment is not harmful, I believe, it is reasonable. Here, we make the patient happy. We do what the patient wants and if it is not wrong, it is appropriate (2005).

³³ Although the hymen is not an organ, but a membrane or tissue, the doctor used this term in the interview.

Acar does not deny that the hymen is the proof of women's virtue, which confirms the perception of virginity as the most valuable asset of women in Turkey. Instead of criticizing society's emphasis on virginity, he claims that virginity makes families stronger. Therefore, although he expresses some doubts about the treatment, he thinks that the outcome is worth it. The emphasis on the patient continues in this statement, but Acar still fails to realize that the patient he refers to is the woman's father (and indirectly her future husband), not the woman herself. Here, I do not claim that the woman does not care about her loss of virginity due to the incision of her hymen. She might have concerns about the procedure. Rather, it is males (the father and the future husband) who are most concerned about the woman's virginity, because their honor depends upon her hymen.

Treatment of imperforate hymen by application of Foley catheter illustrates how the medical profession controls women's bodies through the treatment process. Schur's explanation illustrates this point well: "Even in the treatment of undoubted organic illness, the patient, in the process of being helped, is also subjected to control. Restrictions are placed on the sick person's activities, and often she or he is not treated as a fully autonomous and capable human being" (1983, p. 198). Although imperforate hymen is undoubtedly a health complication that might cause other serious problems, its treatment can be used to promote patriarchal values, which is the case in Acar et al.'s treatment. Brown argues that treatment choices "are not based solely on medical criteria, but on other criteria such as family responsibilities, perceived stigma, and interference with work" (1995, p. 47). In this case, the treatment is based mainly on the patriarchal construct of

virginity, and thus the institutions of gender, marriage, family, and compulsory heterosexuality. When medical science constructs the hymen as the proof of virginity, it is not surprising that the only medical problem associated with the hymen also reflects this patriarchal attitude. As Turner notes, “forms of sickness, their diagnosis and their treatment will reflect the prevailing values of society” (1995, p. 208). In a patriarchal society where women are strictly controlled through their bodies, the medical profession not only reflects but also reinforces this control even through the simple treatment of imperforate hymen.

It is surprising that Acar et al.’s research on the alternative treatment of imperforate hymen has been published in an international medical journal (2003), which demonstrates the acceptance of the treatment as a valid procedure. While Acar et al. do not hesitate to present their sexist treatment as a great service to women, the authors of the editorial in the same journal, Garden & Bramwell, *welcome* this treatment despite all their relevant critiques (2003, p. 4). Reflecting a Eurocentric view, Garden & Bramwell claim that “beliefs and traditions that may run counter to our own [Western]” must be respected and since Acar et al.’s treatment takes Turkish traditions into consideration, they “encourage” the research (2003, p. 4). The first problem here is that obsession with virginity is not simply a Turkish tradition, but a patriarchal control mechanism used in many different societies. Second, instead of questioning the ethical aspects of the treatment, Garden & Bramwell simply support the procedure, and thus, the medical construction of virginity. Blank calls this treatment “an excellent reminder of just how profoundly cultural the practice of medicine can be” (2007, p. 131) and after asking the question, “whether it is

ethical for any doctor to presume to dictate the ‘ideal’ parameters of the hymen,” she writes,

Normal hymens naturally have different ‘architectures,’ none of them more or less adequate or healthy than the others. The ‘ideal’ hymen here is the one most likely to produce a certain culturally valued range of outwardly obvious signs of defloration. They choose this version of the hymen, a version that is in fact not commonly found in the bodies of grown women, not for medical purposes but in order to fulfill the expectations of a particular cultural ideology of virginity (2007, p. 132-132).

Virginity Examination, Virginity Restoration Surgery, And Medical Ethics From A Feminist Perspective

Medical practices related to the concept of virginity such as virginity examination and virginity restoration surgery are commonly problematized from the perspective of medical ethics in the literature (Cevik et al., 2003; Frank et al., 1999; Gursoy, 1999; HRW, 1994; Logmans et al., 1998; Sahinoglu-Pelin, 1999). In this section, I will discuss virginity examination and virginity restoration surgery in terms of the ethical principles of no-harm, autonomy, informed consent, privacy, and equality. While doing this, I will not only reveal the unethical aspects of these practices in the framework of medical ethics, but also demonstrate the limited approach of medical ethics to such patriarchal practices.

Virginity examinations violate many principles of medical ethics. The first is no-harm, which forms the basic philosophy of medicine whose primary purpose is defined in benevolent terms of healing, treating, and preventing illnesses. It is an undeniable fact that virginity examinations cause harm to women who are forced to undergo the practice. According to Frank et al.’s survey study of Turkish forensic physicians’ attitudes toward virginity examinations, 93 per cent of the participants reported that virginity examination

caused psychological trauma and 60 per cent reported that the examination caused loss of self-esteem (1999, p. 488). Frank et al. note that “only 3 respondents (3 %) reported that virginity examinations have no adverse consequences” (1999, p. 488).

In addition to its negative psychological effects, virginity examinations can also lead to deadly consequences either in the form of suicide or murder. In 1992, two female high school students committed suicide in the cities of Kutahya and Mugla when the school authorities ordered them to undergo virginity examinations (HRW, 1994, p. 3). In Turkey, even the *possibility* of being forced to undergo virginity examination could be a sufficient reason for a woman to commit suicide when she engages in premarital sex. According to Guclu’s study on the causes of 6000 suicide cases in Turkey, in 133 of these cases, the cause of the suicide was related to virginity loss, which implicates the possibility of being forced to a virginity examination by family members (as cited in Gursay, 1999). In a society, where premarital virginity loss is perceived as loss of honor, it is not surprising that women commit suicide to escape bringing shame to their families (perhaps because they think they will be killed anyway). In this context, if you are a woman who has failed to comply with the patriarchal norm of virginity, just knowing that there is an examination where doctors can announce to the world that you have engaged in sexual intercourse can be enough to end your life.

Virginity examinations harm women not only directly by causing psychological and physical problems, but also indirectly by perpetuating and reinforcing the myth of virginity. These medical examinations make women believe that doctors *can* determine if a

woman has ever had sexual intercourse by looking at their hymen. When the oppressive social construct of virginity is granted such a physical existence through virginity examination (when reified and medicalized), it becomes easier to control, oppress, and exploit women by restricting their sexuality to the institutions of heterosexuality and marriage. Therefore, when we apply the no-harm principle of medical ethics to patriarchal medical practices such as virginity examinations, we should not only examine the physical and psychological (medical) effects of the practice, but especially look at the social effects of the practice, which are often overlooked in medical ethics. As Sherwin notes, “feminists must be critical of the fact that medical ethics has remained largely silent about the patriarchal practice of medicine” (1992, p. 23).

Second, virginity examinations violate the ethical code of autonomy, which means that individuals are entitled to determine the course of their lives (Cevik et al., 2003, p. 175). Given the fact that virginity examinations are often imposed on women either by state agencies or by their families, the practice deprives women of their right to determine what to do with their own bodies. Even when a woman seemingly chooses to undergo a virginity examination, the practice still violates the principle of autonomy, because her actions are determined by the patriarchal society’s emphasis on virginity. As Cevik et al. note, in virginity examinations we cannot talk about free will, because either forced or chosen, in these examinations, “the autonomy belongs to the society, not the woman” (2003, p. 176).

The violation of the third principle, informed consent, is similar to the violation of

the autonomy code. When a woman is forced to submit to a virginity examination, she is usually neither informed about how the examination is performed, nor offered the option to accept or deny the examination. Moreover, even when a woman gives consent, it is doubtful that she has made her decision independently. In most cases, especially when a woman is taken to a doctor by her family for a virginity check, she has no real option. As the HRW report notes about virginity examinations, “there is no real consent because of family and police pressures” (1994, p. 6). If the woman refuses the examination, her family or the authorities might jump to the conclusion that she refuses because she is not a virgin. In such a situation, the woman might give consent to the examination for the fear of stigma even if she does not want to.

Privacy and confidentiality constitute the fourth principle violated by virginity examination. According to this principle, doctors are required to keep any information about their patients secret. However, virginity examinations are often conducted in order to provide families or authorities with information about the sexual history of the woman. Given that a “non-virgin” report from a virginity examination might cause the woman in question to be killed in the name of honor, the violation of the confidentiality principle in these examinations appears to be a very serious ethical problem. However, I should note that criticizing virginity examination for violating the confidentiality code has a problematic implication. Here, I do not imply that virginity examination would be an ethical practice if the doctors kept the results secret. Even if this practice did not violate the confidentiality principle, it would still be unethical, because it still perpetuates patriarchal

control and oppression of women. As Sherwin argues, “practices that increase the happiness or protect the rights of the dominant group at the expense of an oppressed group cannot count as morally acceptable” (1996, p. 52).

The last ethical code that virginity examinations violate is equality and justice. Since this practice is imposed only on women based on the concept of virginity, many sources in the literature criticize virginity examinations as a form of gender discrimination (Cevik et al., 2003, p. 176; Gursoy, 1999; HRW, 1994, p. 4; OMCT, 2003, p. 356; WWHR, 2004b, p. 4). Virginity examinations, which are based on the examination of the hymen, cannot be used on men, since men do not have hymens. However, the practice is still discriminatory because it reflects the patriarchal norm of virginity, which is expected only from women in Turkish society.

Virginity restoration surgeries are usually not studied in terms of the above mentioned ethical codes, because they are not typically forced on women by families or state authorities. Women choose to undergo this procedure because they want to appear as virgins often during first sexual intercourse with their husbands. Virginity restoration surgery is often criticized in terms of ethics for causing deception (Cevik et al., 2003; Mernissi, 2004; Usta, 2000), which is related to the ethical principle of no-harm. Virginity restoration surgery does not typically cause physical harm to the woman who undergoes the surgery, although it has no medical benefits. In the literature, some scholars claim that virginity restoration surgery indirectly harms men, because it enables women to deceive men about their sexual past (Cevik et al., 2003; Mernissi, 2004; Usta, 2000). However,

instead of blaming women for deception, it should be realized that if women choose to deceive their families and husbands about their sexual past, they do so because society demand virginity. Men, not women, should be blamed for this practice because it is men who are trying to control women's bodies and sexualities with the concept of virginity.

Some scholars justify virginity restoration surgeries by comparing it to cosmetic surgery, which is accepted worldwide in terms of medical ethics (Logmans et al., 1998). Cosmetic surgery can also be seen as deception since it also changes a woman's body. However, women do not undergo cosmetic surgery (face lift, breast implants etc.) on fear of death, which is usually the case with virginity restoration surgery. Virginity restoration surgery is a change of a body part (the hymen), which can save a woman from being socially ostracized or in some cases, killed in the name of honor. Hence, the practice can be justified on the ground that it saves women's lives. Although there are no official statistics on virginity restoration surgery in Turkey, Kandela's statistics on Egypt give us a hint about the life-saving role of these surgeries: "Some policemen are claiming that in the past ten years, use of the operation ha(s) reduced by 80 % the number of murders committed to cleanse the wronged honor" (1996, p. 1615). Here, it should be noted that although virginity restoration surgery can save women's lives, the practice perpetuates and reinforces the concept of virginity, and thus contributes to sexual control of women. Therefore, virginity restoration surgery should only be used as a short-term measure, while the longer-term goal of eliminating the concept of virginity is pursued.

Chapter VI

Virginity And The Institution Of Law

*Power ... produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production.*³⁴

The State, The Law, And Virginity Examinations

Patriarchal control over women's bodies and sexualities in Turkey is achieved not only by the medical system, which reinforces the power of virginity by medicalizing it, but also by the state's legal structures, which legitimize the medicalization of virginity. As Morgan argues,

It is clear that medicalization, as a complex social and political dynamic and set of institutions, does not ascend to a position of systemic hegemony or dominance in a given culture without powerful, mutually supportive alliances with other institutions. ... Dominant medicalization is supported by and protected through powerful legal and juridical institutions that give preeminent status to medical experts and to medical knowledge (1998a, p. 108).

The cooperation between the institutions of medicine and law is well illustrated by the practice of virginity examinations in Turkey. Virginity examinations are conducted by doctors, who are legally authorized by the state to perform the procedure. This cooperation between medicine and law is motivated by the patriarchal ideology that permeates these social institutions. The patriarchal ideology, which sees women as the property of men, is based on controlling women in order to exploit their productive and reproductive capacities. Turkish law, shaped by a patriarchal ideology, reflects this perception of

³⁴ Foucault, 1995, p. 194.

women as men's property. As Weitz observes, "Beginning with the earliest written codes, and continuing nearly to the present day, the law typically has defined women's bodies as men's property" (1998, p. 3).

Virginity examinations literally control women to determine whether they conform to the sexuality norms, and create "sexual terrorism" (Sheffield, 1998, p. 642) for Turkish women since there is always the possibility of their being forced to undergo a virginity examination. Sheffield defines sexual terrorism as "the system by which males frighten, and by frightening, dominate and control females. It is manifested through actual and implied violence" (1998, p. 642). Virginity examinations are regarded as a form of gender-based violence (both actual and implied) by many scholars (Cevik et al., 2003; Gursoy, 1999; Parla, 2001) and by the Turkish Medical Association (TMA) (Frank et al., 1999, p. 488)³⁵. Therefore, the Turkish state, by legitimizing virginity examinations and supporting the medical institution's role in conducting these examinations, perpetuates sexual terrorism and male control over female sexuality. MacKinnon's following statement nicely summarizes this oppressive role of the state and the institution of law:

The law sees and treats women the way men see and treat women. The liberal state coercively and authoritatively constitutes the social order in the interest of men as a gender, through legitimizing norms, relation to society, and substantive policies. It achieves this through embodying and ensuring male control over women's sexuality at every level, occasionally cushioning, qualifying, or de jure prohibiting its excesses when necessary to its normalization (1983, p. 644).

³⁵ Although the TMA has condemned virginity examinations as a form of gender-based violence, it still approves the use of these examinations in sexual assault cases, and the association has not taken any serious actions to prevent Turkish doctors from performing these examinations.

The History Of The Virginity Examination Controversy In Turkey

The controversy over virginity examinations was placed on the Turkish national agenda in 1988 when the General Command of Mapping³⁶ required “virginity reports” from prospective female employees (Cevik et al., 2003, p. 172). In protest to this requirement, many women bombarded the institution with telephone calls. Due to the military’s requirement, the Turkish media started paying some attention to the issue of virginity examinations. The 53rd issue of the magazine, *Ikibin’e Dogru* [Towards 2000], whose cover page announced the state’s virginity examination demand as “a scandal,” noting that since 1980³⁷ the military institution had been requiring its female job applicants to “pass” virginity examinations as a condition of employment (Yalcin, Yalcin, & Murathan, 1988, p. 8). The article includes a short interview with Yildiz Ecevit, who is a professor in the Sociology Department at Middle East Technical University in Ankara, Turkey (METU). Ecevit interprets the situation as “horrible” and states that the practice reflects the age-old perception of the female body and sexuality as a danger for the social order and as a commodity that needs to be controlled (Yalcin et al., 1988, p. 10).

It is not a coincidence that virginity examinations were problematized in Turkey in the 1980s. The Turkish women’s movement, which started to gain impetus following the 1980 military coup,³⁸ had a big influence in the public’s problematization of virginity examinations in 1989, after women’s groups launched a major campaign in Ankara

36 (*Harita Genel Komutanligi*). A branch of the Turkish Armed Forces, which provides maps and geographic data to public and private institutions and individuals.

37 In 1980, a military coup brought down the Turkish government. The Constitution was amended after the coup followed by the curtailing of certain individual and political rights of the citizens.

(Turkey's capital) called, "Our Bodies Belong to Us, Stop Sexual Harassment" (Aldikacti Marshall, 2003, p. 5; Cevik et al., 2003, p. 172). This campaign demanded that the Turkish government ban virginity examinations. In 1990, the women's magazine, *Kadin* [Woman], held a panel discussion in Istanbul with the title, "Virginity and premarital sexual intercourse" (Panelde 'bekaret' tartismasi [Virginity discussion in the panel], 1990). One of the presentations during the panel was by Selma Atabek (an attorney), who stated that "women's bodies are controlled by fathers, brothers, uncles, schools, dormitory officials, and police. We should regain the control over our own bodies" (Panelde 'bekaret' tartismasi, 1990). Another panel member, Fusun Erbulak (an artist) suggested that "females should be saved from their girlhood membranes [hymen] as soon as they are born" (Panelde 'bekaret' tartismasi, 1990).

Although the issue of virginity examinations was intermittently covered by the mainstream and left-wing Turkish media in the 1980s, it was not until 1992 that the mainstream media picked up the issue. In 1992, two female high school students committed suicide after the principles of their respective schools ordered them to undergo virginity examinations (HRW, 1994, p. 3). In one incident, the girl was forced to have her hymen examined, along with three other girls, only because they had been "spotted picnicking in the woods with boys" (HRW, 1994, p. 3). Despite the public outcry generated by national and international women's organizations and the media, in 1995, the

38 According to Aldikacti Marshall's article, Tekeli argues that the suppression of both Leftist and Rightist "male-dominated" movements after the 1980 coup "allowed the emergence of the feminist movement because women could have a space to focus on the woman question without being co-opted" (2003, p. 4).

Ministry of Education promulgated the Regulations for Awards and Discipline in the High School Education Institutions of the Ministry of Education that would enable school authorities to require virginity examinations from female students (Seral, 2004, p. 413-414). According to these regulations, “proof of unchastity” constituted a valid reason for expelling female students from school (Seral, 2004, p. 414). These regulations were challenged in court when a group of lawyers from the Izmir Bar sued the Ministry of Education. Unfortunately, the Izmir Bar lost the case and the regulations were upheld.

In 1999, in response to women’s protests and the continuing media coverage of the virginity examination incidents, the Ministry of Justice issued a regulation stating that virginity examinations should not be used “for reasons of disciplinary punishment, against [the woman’s] consent or in a manner which will hurt or torment [the woman]” (OMCT, 2003). According to this regulation, virginity examinations could be performed without the consent of the woman *only* when a judge or a prosecutor ordered it in cases of “alleged rape, sexual conduct with minors, and encouraging or acting as an intermediary for prostitution, which are all grouped together under Crimes Against Public Decency and Family Order” (Seral, 2004, p. 415). It is noteworthy that in this regulation, crimes such as rape are perceived as crimes against society and family, not against individuals, which indicates the dominant patriarchal ideology that “women’s bodies belong not to themselves but to the public and the family” (Seral, 2004, p. 415).

In 2000, when the Minister of Health, Osman Durmus issued an order imposing

virginity examinations on female students at Vocational High Schools of Health³⁹, his action was protested by both national and international women's organizations (Cevik et al., 2003, p. 173). The Dutch MEP of the European Parliament, Lousewies van der Laan sent a harsh letter to the Prime Minister of the time, Bulent Ecevit, asking him to use his authority to stop virginity examinations in Turkey (Ecevit'e 'bekaret testi' mektubu ['Virginity test' letter to Ecevit], 2001). In her letter, van der Laan stated that "these examinations are in violation of women's physical safety and individual rights" (Ecevit'e 'bekaret testi' mektubu ['Virginity test' letter to Ecevit], 2001).

Through the history of the virginity examination controversy in Turkey from the 1980s to 2001, I have illustrated that despite protests by both national and international activists, the Turkish government has refused to create an effective policy to end virginity examinations. The government's steadfast refusal to change the policy is the biggest obstacle in women's fight against virginity examinations. However, under the growing pressure from the EU and the national women's movement, the Turkish government had to pay serious attention to the issue of virginity examinations in 2004 while amending the Turkish Penal Code (TPC).

39 In these high schools, female students are educated to become nurses and midwives.

The Analysis Of Virginity Examination In The Legal Context Of Turkey

Virginity examinations are in direct violation of three articles in the Turkish Constitution⁴⁰. Article 10⁴¹ states, “All individuals are equal without any discrimination before the law, irrespective of language, race, color, sex, political opinion, philosophical belief, religion and sect, or any such considerations. Men and women have equal rights and the State is responsible to implement these rights.” According to this article, women cannot be discriminated against. However, virginity examinations are a form of gender discrimination because they are imposed exclusively on women, and thus, the practice violates the Constitution.

Article 17⁴² of the Constitution states, “Everyone has the right to life and the right to protect and develop his material and spiritual entity. The physical integrity of the individual shall not be violated except under medical necessity and in cases prescribed by law; and shall not be subjected to scientific or medical experiments without his or her consent.” Virginity examinations are not medically necessary nor do they have any medical benefits for women. Moreover, these examinations violate women’s dignity and bodily integrity. Thus, virginity examinations are against this article.

Virginity examinations violate Article 20⁴³ of the Constitution, whose first section

40 *The Constitution of the Republic of Turkey*. (1982). Retrieved March 20, 2006, from the Turkish Grand National Assembly Web site: <http://www.tbmm.gov.tr/english/constitution.htm>

41 Article 10 is under “X. Equality before the Law,” which was amended on May 22, 2004.

42 Article 17 is under “I. Personal Inviolability, Material and Spiritual Entity of the Individual,” which was amended on May 22, 2004.

43 Article 20 was amended on October 17, 2001.

states, “Everyone has the right to demand respect for his or her private and family life. Privacy of an individual or family life cannot be violated.” Virginity examinations violate this article as they violate privacy of women, because virginity examination reports are often given to families or state authorities without requiring the consent of the woman. However, the second section Article 20 provides some exceptions that open the door to virginity examinations:

Unless there exists a decision duly passed by a judge on one or several of the grounds of national security, public order, prevention of crime commitment, protection of public health and public morals, or protection of the rights and freedoms of others, or unless there exists a written order of an agency authorized by law in cases where delay is prejudicial, again on the above-mentioned grounds, neither the person nor the private papers, nor belongings, of an individual shall be searched nor shall they be seized.

Article 20 offers an exceptional situation where virginity examinations can be legitimized. The phrase “protection of public health and public morals” enables the Turkish police to impose virginity examinations on women who are suspected of inappropriate or immoral misconduct, which includes working as an illegal sex worker. For instance, if a woman who is spending the night in a hotel (usually one- or two-star hotels) with her boyfriend is taken into custody, she can be subjected to a virginity examination. In this case, the examination can be constitutionally justified on the basis of protecting public health from sexually transmitted diseases or illegal sex work.

Because virginity examinations are degrading, harmful, and discriminatory practices against women, they also violate several international treaties ratified by Turkey, and thus, they indirectly violate Article 90⁴⁴ of the Constitution, titled “Ratification of

⁴⁴ Article 90 is under “D. Ratification of International Treaties,” which was amended on May 22, 2004.

International Treaties.” According to this article, once the Turkish Grand National Assembly promulgates international treaties affecting private rights of citizens, these treaties are granted the force of law and “can be invoked in court” (OMCT, 2003, p. 342). This analysis of the Constitution reveals that although virginity examinations violate four articles of the Constitution (Article 10, 17, 20-Section I, and 90), Section Two of Article 20 legitimizes the use of these examinations in some situations. Thus, the Turkish Constitution includes a crucial contradiction in terms of its articles applicable to virginity examinations.

The international agreements violated by virginity examinations include:

- The Universal Declaration of Human Rights
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- The Convention against Torture
- The European Convention on Human Rights
- The European Convention for the Protection of Human Rights and Fundamental Freedoms
- The European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
- The International Covenant on Civil and Political Rights (ICCPR) (HRW, 1994, p. 10-11; OMCT, 2003, p. 341-342).

All of these treaties have been ratified by Turkey, and thus have the force of law according to the Constitution. Therefore, by violating the international agreements ratified by the state, virginity examinations also violate the Constitution, despite its contradictory articles. However, it should be noted that although the Turkish Constitution provides the ratified international treaties with the force of domestic law, as long as these treaties are not effectively implemented, their force of law will be only on paper. Virginity examinations

violate the international treaties cited above, but these treaties are usually valued only symbolically. They are signed for the sake of their international political implications, but not enforced. Therefore, although it is important to demonstrate that these treaties are violated, it would be naive to expect them to be the legal solution to end virginity examinations in Turkey.

Having discussed virginity examinations in terms of the Turkish Constitution and international treaties, I will now analyze the TPC, which is the most important legal document related to virginity examinations. In 2004, the TPC was amended as a part of the EU Adaptation Package Reforms “to meet EU criteria in the field of human rights” (OMCT, 2003, p. 343). The Parliamentary Justice Commission,⁴⁵ which was responsible for the amendments, was lobbied by “The Women’s Platform on the TPC” that included 26 Turkish non-governmental organizations (NGO) (WWHR, 2004b, p. 2). The basic purpose of this coalition was to enlighten and to pressure the government to change the TPC in favor of women. Although the Women’s Platform on the TPC had a remarkable impact on the amendments, in case of virginity examinations, the amendments were not satisfactory.

The term “virginity examination” is not used in the TPC, but the practice is legitimized under Article 287 titled “Genital examination” of the final version of the Code. Despite protests from women’s groups, the Parliamentary Justice Commission refused to use the term “virginity examination” in the Code and thus failed to criminalize the practice.

45 The Parliamentary Justice Commission consists of 24 members of the Parliament. The head of the commission is Koksal Toptan. 16 members of the commission are from the Justice and Development Party (the majority party in the Parliament) and there are no women in the commission. Retrieved March 30, 2006, from the Turkish Grand National Assembly Web site: http://www.tbmm.gov.tr/develop/owa/komisyonlar_sd.komisyon_bilgi?p_kom_kod=7

The use of “genital examination” instead of “virginity examination” is very problematic. From a point of view, a forensic genital examination, done in sexual assault cases to collect evidence, is completely different from a virginity examination, which does not provide any information relevant to a rape case. In genital examinations, physicians look for evidence of sexual assault such as genital abrasions, bruises, tears, presence of blood, seminal fluid, and pubic hair etc., but in virginity examinations, physicians look at the hymen and interpret whether the woman has ever had sexual intercourse. In a forensic genital examination, physicians might look at the condition of the hymen along with the vagina, inner thighs, anus etc., but only to detect trauma caused by rape, not to gather data about the sexual history of the rape survivor. According to Frank et al., “The routine legal practice of reducing the trauma of sexual assault to the presence or absence of an intact hymen is not only simplistic and inaccurate; but it results in unnecessary psychological consequences for those subjected to virginity examinations” (1999, p. 489).

The Parliamentary Justice Commission’s claim that virginity examinations are covered under “genital examination” in the TPC shows either that the government does not know the difference between these two examinations, or that the government does not want to acknowledge the existence of virginity examinations and problematize them. Moreover, by claiming that virginity examinations are covered under the title “genital examination,” but by not openly acknowledging that these examinations exist, the government is keeping both parties of the policy (opponents and proponents of virginity examinations) happy. Unless the term “virginity examination” is written and clearly defined in the law, there is

no enforceable policy. Although the new TPC is much more progressive for women, it still has loopholes that do not protect women from virginity examinations in certain situations.

The first section of Article 287 ('Genital examination') of the TPC states that the perpetrator who takes someone to a genital examination or who performs the examination without an order from an authorized judge and prosecutor will be sentenced to prison for three months to one year. The biggest problem with this section of Article 287 is that the consent of the woman is not required; if a judge and prosecutor deem that a genital examination is necessary, a woman can be forced to submit to examination that is tantamount to a virginity examination.

Another problem with Article 287 is the lack of a punishment that is severe enough to deter potential perpetrators. Imprisoning a person who has forced a woman to undergo a virginity examination for 3 months to 1 year is regarded as "ridiculous" by Gulbahar, who notes that "virginity control is another form of rape, but the punishment for it is ridiculous" (2004, p. 10). Moreover, Article 287 requires the woman in question to file an official complaint against the perpetrator, which makes the implementation of the law very problematic. In Turkey, most of the virginity examinations are requested by a woman's family and conducted in private clinics. In this context, women do not have a real choice to refuse the examination due to the fear of social stigmatization, which also prevents them from complaining to the authorities about the practice. It is also highly unlikely that a woman would officially complain about the individuals forcing her to undergo a virginity examination, because these individuals are usually her father, husband, or fiancé.

The second section of Article 287 brings an exception to the first section and makes it even harder to prevent the imposition of virginity examinations on women. The clause states that Article 287 is inapplicable in cases of physical examinations performed in accordance with legal regulations in order to protect public health from infectious diseases such as HIV/AIDS. According to this clause, a woman can be forced to submit to a genital examination if the authorities believe that she threatens public health, which usually occurs when a woman is suspected of working as a sex worker⁴⁶.

In Turkey, sex work is legal, but sex workers have to be registered and regularly go through medical examinations for sexually transmitted diseases. Sex workers are given a registration document with their medical checks on it and they have to carry it with them all the time. Women who are suspected of working as sex workers and who do not have registration documents are detained by the police and taken to genital examinations in order to determine whether they are sex workers or not. In these examinations, physicians not only look at the hymen, but also look for the presence of sperm (HRW, 1994, p. 18-19). What is implied here is that women who are reported as “non-virgin” and who have sperms in their vaginas are announced sex workers. The probability of premarital consensual sex without exchange of money is completely disregarded by the police, who see themselves as the guardians of the public morality, of which virginity constitutes a big part in Turkey. Unfortunately, Article 287 of the new TPC reaffirms this police procedure

⁴⁶ In Turkey, if a legal sex worker has a treatable sexually transmitted disease such as chlamydia or gonorrhea, she is allowed to go back to work after being treated. However, if she has HIV/AIDS, her sex work license is revoked (Committee on the Elimination of Discrimination against Women, 2005, p. 10).

in the name of protecting public health.

Another amendment in the TPC that is indirectly related to virginity examinations is Article 104 (“Sexual relation with a minor”), which states that a person who has *consensual* sexual relation with a child⁴⁷ between the age of fifteen and eighteen will be sentenced to prison between six months and two years upon complaint⁴⁸. If both parties who have had consensual sex are between fifteen and eighteen, they will be both sent to prison. This amendment is connected to virginity examinations because it makes it easier to get a court order for a virginity examination (Agirdemir, 2004, p.6). If a girl’s parents complain to the legal authorities that their daughter who is between the age of fifteen and eighteen might have had a sexual relationship, they will easily get legal permission to force the daughter to undergo a virginity examination (although it will be conducted under the name “genital examination”). Attorney Gulbahar interprets Article 104 as “criminalization of flirtation” and asks an interesting question, which is ignored by the state: “If a person is legally qualified to be sent to prison, why can’t s/he decide about her/his sexuality?” (2004, p. 10).

The reports prepared by human rights organizations on virginity examinations in Turkey reveal a very disturbing legal aspect of the practice; the Turkish police (law enforcement agents) frequently use virginity examinations to intimidate, harass, and torment female detainees, specifically the ones taken into custody for political reasons

⁴⁷ The TPC defines a child as a person under the age of eighteen.

⁴⁸ The law does not specify who can file a complaint in such cases, so we can assume that anybody is entitled to officially complain about consensual minor sex. However, parents (especially the parents of the girl) and school authorities would be more likely to file such complaints.

(Amnesty International, 2003; HRW, 1994; OMCT, 2003). In these cases, female detainees are forced to submit to virginity examinations at least twice, first, shortly after they are taken to the police station for interrogation, and second, before they are released. The police defend the procedure, which violates every legal document in the country, by claiming that virginity examinations *protect* female detainees from being raped under custody. Actually, the police impose virginity examinations on female detainees to protect themselves, because they believe that virginity examination is adequate to prove that the detainees has not been raped while in custody (HRW, 1994, p. 17).

The police's justification of virginity examinations under the claim of protection implies that if a woman is given a "non-virgin" report in the first examination, she cannot be raped under custody, which means that only women who have not had sexual intercourse can be raped. As the HRW report notes, "Police assert that an exam that finds that a woman is not a virgin is evidence against a claim of rape because it establishes that she is sexually active and that her 'loss of honor' is not attributable to custodial rape" (1994, p. 17). The protection claim of the police also assumes that rape can happen only vaginally, while in reality, it can happen in many different ways. Cindoglu notes that "women are still considered as the responsible party in heterosexual sexuality and even in order to protect them from male abuse, one needs to control women's bodies, and not men" (1997, p. 257). In order to prevent rape under custody, the Turkish police control women's bodies, not themselves. Here, it is obvious that the Turkish police perceive rape merely as an act that causes a woman to lose her virginity against her will, not as an act that violates

her physical and psychological entity.

As the reports by Amnesty International (2003) and HRW (1994) demonstrate with testimonials from women who have been forced to submit to virginity examinations under custody, the Turkish police use virginity examination reports as a means of threat and sexual harassment. If the first report states that the woman in question is “non-virgin,” the police justify their actions of verbal and physical abuse, because a woman who is believed to engage in premarital sex is deemed dishonorable, so deserving abuse. In this situation, the police might even rape the woman in custody by using various objects, because the second virginity examination report will not be different from the first one (the woman’s virginity status is not going to change after rape). On the other hand, if the report announces the woman as “a virgin,” the police *threaten* the woman by raping her and “depriving her of her virginity” (HRW, 1994, p. 15). In this case, the police prefer verbal abuse because if they rape the woman, the second virginity report might be different from the first one, which enables the woman to prove that she has been raped in custody. The statement of a woman who was detained in 1991 because she was a member of an extreme leftist political organization clearly shows how the police threaten female: “Are you still a girl? We will make you lose your virginity. We’ll stick our fingers in you, and you won’t be a virgin anymore” (HRW, 1994, p. 15). Given the significance of virginity in the Turkish society, one can easily perceive the gravity of these threats.

The Turkish police impose virginity examinations (or the threat of virginity examination) on female political detainees especially in Eastern Turkey, where the

majority of the population is Kurdish⁴⁹. An armed conflict has been continuing between the Turkish army and the separatist Kurdistan Worker's Party (PKK) (an illegal organization) since 1984 (Ilkcaracan, 2004a, p. 229). When the police in Eastern Turkey detain Kurdish women who are allegedly affiliated with PKK, sexual violence, which includes virginity examination and threat of virginity examination, is commonly used to make these women talk during interrogation. Amnesty International's interviews with over 100 female prisoners in Diyarbakir, Mus, Mardin, Batman, and Midyat (all of these cities are in Eastern Turkey) "established that nearly all of the women had been subjected to 'virginity testing', and nearly all had experienced some form of sexual abuse, either verbal or physical" while in police custody (2003, p. 27). These reports clearly show that the Turkish police abuse their power of law enforcement and use virginity examinations as a means of harassment, torture, and threat against women in custody.

Although it has been only one and a half year since the new TPC was put into effect, we can still hypothesize about the possible outcomes of this policy. Given that the police, who constitute a big part of the problem of virginity examinations in Turkey, are the "street-level bureaucrats"⁵⁰ enforcing the written laws, it seems highly unlikely that the new Penal Code, which does not even criminalize virginity examinations and permits genital examinations in certain situations, will be effective enough to prevent women from being forced to undergo these examinations. Moreover, even if the police stop using

49 It is estimated by Mutlu that 65 per cent of the population in Eastern Turkey is Kurdish (Ilkcaracan, 2004a, p. 230).

50 Michael Lipsky. (1980). *Street-level bureaucracy: dilemmas of the individual in public services*. New York: Russell Sage Foundation.

virginity examinations as a means of abusing female detainees, the examinations would still not vanish (although their number would significantly decline), because it is not only the police, but also families who force women to submit to virginity examinations.

Chapter VII

Policy Implications And Conclusions

As Madeline Boscoe acerbically points out, “Women aren’t just asking for pink walls, a warm speculum and kinder doctors”... In fact, we’re not asking, at all. We are engaged in a political fight for shared knowledge, for collective power, for health, for bodily integrity.”⁵¹

In this study, I have discussed how medical and legal institutions construct the concept of virginity as a scientific and legal fact, and thus, provide a foundation for the social control over women’s bodies and sexualities in Turkey. The medical profession, by medicalizing virginity through the practices of virginity examination, virginity restoration surgery, and alternative treatment for imperforate hymen, perpetuates and reinforces the social power of virginity in Turkey. The institution of law, on the other hand, legitimizes these medical practices, specifically virginity examinations, and authorizes the medical profession by ensuring that women comply with gender/sexuality norms of the society. As Szasz notes, “The state supports and legitimizes medicine, and medicine in turn supports and legitimizes the state. It’s an unholy alliance” (1977, p. 146).

Given the male-dominated formation of the Turkish political, social, and economic system, it will not be easy to create change that enables women to regain control over their bodies from fathers, husbands, doctors, police, judges etc.; but it is not impossible either. In this section, I will offer policy recommendations for ending the focus on virginity in

⁵¹ Morgan, 1998a, p. 115.

Turkey. By revealing the social mechanisms that sexually control, oppress, and exploit women, my research seeks to guide feminist activism to reduce or eliminate the power of these mechanisms.

Policy Recommendations For The Institution Of Medicine

Since medicalization of virginity is the core of my research, the first policy recommendations address the institution of medicine. In modern societies, doctors have great authority, derived from the mystifying power of science and reinforced by the beneficial cause of healing and curing. Therefore, when the medical profession presents the social construct of virginity as a diagnosable and treatable fact, the construct, which has already been embraced by the patriarchal Turkish society, is elevated to the status of an unchallengeable scientific reality. In this context, public policies addressing the medical profession seem crucial to eliminate the concept of virginity.

As long as medical agents (doctors, nurses, midwives etc.) believe that they *can* scientifically determine whether a woman has ever had sexual intercourse, we can eliminate neither virginity examinations nor the myth that virginity has a physical existence. Therefore, Turkish doctors (especially forensic doctors, general practitioners, and obstetricians and gynecologists) need to be educated and trained generally on gender issues, and specifically on the virginity issue. Turner notes that “because social science plays no significant part in the medical curriculum, general practitioners are poorly equipped to understand the social dynamics of illness” (1996, p. 212). In medical schools, it should be ensured that doctors learn the true structure of the hymen (that it does not

provide definite information about women's sexual past) and the social control mechanism of virginity (that it is only a social construct, not a medical reality). While future doctors can be taught in medical schools at the issue, we need training programs for practicing doctors. Such training programs can be designed and offered by doctors who are familiar both with the feminist philosophy and the medical literature on the hymen and virginity.

If doctors have the power to reinforce the concept of virginity by medicalizing it, they also have the power to enlighten people about the hymen. Using their medical position and authority, doctors can change people's perceptions of virginity. Obstetricians and gynecologists can contribute greatly to this consciousness raising process by informing their female patients about the true nature of the hymen. In virginity examination cases, doctors should always refuse to conduct the examination. If an allegedly raped woman is sent for a *genital* examination by an authorized judge or prosecutor, the doctor should only gather evidence related to the sexual assault such as seminal fluid, blood, and DNA samples, and s/he should not include any comments about the virginity status of the woman in her/his report (because it is not related to the rape case). All doctors should be reminded that the final version of the TPC imposes prison sentence on people conducting genital examinations without proper authorization.

When a virginity examination is demanded by the father, husband, fiancé, etc. of a woman, doctors should use their power to inform the family about the unreliability of the practice as well as its harmful consequences for the woman. Given the social significance of virginity in Turkish culture, it might seem highly unlikely that doctors can reverse the

families' demand for a virginity examination. However, an interview with Sebnem Korur Fincanci, a well-known forensic medicine doctor actively working in the Turkish women's movement, shows that doctors *can* change people's mind about virginity examinations: "The doctor [Korur Fincanci] recalled two cases of women over eighteen who, when asked for their consent, refused to undergo an exam [virginity examination]. In both instances, the women's families agreed not to pursue a virginity exam" (HRW, 1994, p. 24). As the HRW report notes, "This underscores the fact that doctors who respect women's right to refuse virginity exams can effectively prevent this abuse from occurring" (1994, p. 24). In all virginity examination cases, before dismissing families or women demanding the examination, doctors first should explain why they do not perform the examination (because it is inaccurate, harmful, and illegal except when ordered by a judge or a prosecutor).

The Turkish Medical Association (TMA) can carry out various activities to address the virginity issue. The TMA is the national organization of doctors and it is financially independent of the government (its monetary sources come from membership fees). According to the association's web site, 80 per cent (83,000) of the doctors in Turkey are TMA members.⁵² Because doctors working in private clinics *have to* become members of the association, the TMA has the advantage of reaching doctors, especially gynecologists, who are not affiliated with state hospitals. Since the new TPC limits the imposition of

⁵² *Turkish Medical Association: What is it? What does it do?* (2006). Retrieved March 24, 2006, from the TMA Web site:
http://www.ttb.org.tr/www/index.php?option=com_content&task=view&id=17&Itemid=44

virginity examinations to state hospitals under the proper authorization from judges and prosecutors, it is highly probable that families would choose private doctors to have their daughters' virginity checked. This means that if the doctors are not aware of the discriminatory and harmful nature of virginity examinations, the practice would go underground, "resulting in an increased risk of psychological and other harms to women and girls" (Frank et al., 1999, p. 490). In this context, the TMA can offer training programs on the virginity issue to its members, specifically the ones working in private clinics. In these programs, doctors should be informed not only about the hymen, the concept of virginity, and virginity examinations, but also about how they should approach families asking for a virginity examination. However, before taking action against virginity examinations, the TMA should first expand its condemnation of the examinations to include sexual assault cases and clearly state that virginity examinations have no forensic use at all. The association should propose harsh penalties on doctors who conduct these examinations, such as suspending their medical licenses.

On its web site, the TMA states that improving medical education and training is one of its most important goals. To achieve this goal, the association has been preparing reports, training programs, and conferences, and publishing several medical journals. All of these activities can be used to educate doctors on the virginity issue. The TMA should also use its credibility to educate the public, because virginity examinations cannot be eliminated until public attitudes on virginity change. The media is an effective means of reaching public. The TMA can also lobby the government to eliminate virginity

examinations. The association can pressure the government to criminalize these examinations in the TPC. On its web site, the TMA notes that it has lobbied the government on various medicine-related issues, and when the government disagrees with their demands, doctors can hold protests.⁵³ If the government is reluctant to work with the TMA to stop virginity examinations, the association can engage in a protest to end the examinations, which would also draw public attention to the issue.

Policy Recommendations For The Institution Of Law

In order to stop virginity examinations, the Turkish government must change its cavalier attitude toward the practice and acknowledge that these examinations do exist and they violate women's human rights and harm them. The TPC should be amended to include a clear definition of virginity examination, ban the practice in all cases, and propose harsh penalties for people who send a woman to a virginity examination or who conduct the examination. In sexual assault cases, a woman's consent should be required in order to conduct a *genital* examination, and findings regarding virginity should not be mentioned in any medical reports.

Although legislative amendments are crucial, they are not adequate to end virginity examinations, because as long as the policy is not effectively implemented, the changes will not translate into reality. I have already discussed the disturbing attitudes of the Turkish police toward virginity examination, which means that regulations are needed to limit the police's authority, and special training programs are needed to prevent the police

⁵³ The TMA has engaged in several protests and one example is the protest called "the White Coat."

from imposing virginity examinations on female detainees. It is important to educate the police and forensic doctors about sexual assault cases. These officials need to understand that in sexual assault cases, the virginity status of the woman is irrelevant to the criminal case. Shalhoub-Kevorkian similarly points to the importance of training professionals and notes that we should train legal personnel “to be more aware of the power struggle between systems of domination and to be sensitive to victims’ ordeals in such contexts” (2005, p. 1195). According to her, “to prevent professionals from abusing their power and to encourage professionals to respect women’s basic human rights” (2005, p. 1195) is a beginning to eliminate virginity examinations. In order to prevent the Turkish police from imposing virginity examinations on female detainees, detainees' complaints about such examinations against police should be seriously investigated and the responsible police officers punished (HRW, 1994, p. 27). These investigations should be conducted by the state’s law enforcement agencies, in addition to independent organizations such as Amnesty International.⁵⁴ It is the state’s responsibility to control its employees’ actions and only the state has the authority to punish these employees abusing their power.

Another crucial problem related to the virginity issue is the limited number of women’s shelters in Turkey. Amnesty International states that “according to a recent European Union report there should be one shelter per 10,000 head of population. Turkey, with a population of 70 million people should therefore have approximately 7,000 shelters.

⁵⁴ Organizations such as Amnesty International, Human Rights Watch etc. have played an important role in giving voice to women forced by the police to undergo virginity examinations, in revealing the incidents ignored by the Turkish government, and in announcing these cases to the world through their reports. However, in addition to these organizations, the Turkish state itself has to take actions against the police abusing their power and show that the state does not tolerate this kind of misdemeanor.

In reality, there are approximately 14 ‘guesthouses’ and 19 community-based services to support women experiencing violence” (2004). In order to diminish the power of virginity in Turkey, we need to provide protection and shelters to women who fear being hurt or killed for loss of virginity and honor (honor killing). These shelters “with the exception of financial audits, should be run independently of government” (Amnesty International, 2004). Women’s organizations such as the Women’s Support and Solidarity Center (Antalya), the Purple Roof Foundation (Istanbul), the Women’s Centre (Ka-Mer) (Diyarbakir), and the Women’s Solidarity Foundations (KADAV) (Ankara and Izmit) are already providing support and protection to women running away from violence, but due to lack of funding, they can only help a small portion of these women (Amnesty International, 2004). The Turkish government should financially support these organizations and open more women’s shelters administrated by independent organizations.

Recommendations For Women’s Organizations

Since the concept of virginity is deeply embedded in Turkish culture, legal changes alone are not enough either to prevent this concept from determining women’s lives or to eliminate virginity examinations and virginity restoration surgeries. As Ercevik Amado notes,

Without transforming the principles and philosophies underlying the laws, any permanent change would be very hard to achieve. Thus all efforts to reform laws and change policies should take a holistic approach, even when concentrating on one specific issue or law, and all advocacy and lobbying should be accompanied by consciousness raising, capacity building, education and training activities in order to ensure the implementation of the change (2004, p. 26).

Women’s organizations are essential, because consciousness raising (or awareness

raising) is major part of educating the public and generating public awareness about practices that are oppressive, exploitative, and harmful for women. As MacKinnon states, “Consciousness raising is the major technique of analysis, structure of organization, method of practice, and theory of social change of the women’s movement” (1982, p. 519). Women’s organizations in Turkey have developed several successful awareness raising campaigns. One example is “Human Rights and Legal Literacy Training for Women,” which is a grassroots training program offered by Women for Women’s Human Rights [WWHR] aiming “to raise women’s critical awareness of the laws that affect their lives” (Ilkcaracan & Seral, 2004, p. 189). A major part of this program, which “consists of fifteen workshop modules on a variety of topics,” addresses issues related to female sexuality, such as sexual violence, sexual pleasure, and virginity (Ilkcaracan & Seral, 2004, p. 189). After learning that vaginal bleeding does not always occur during the first sexual intercourse, one woman in the workshop said in astonishment,

On my wedding night, I did not bleed. My husband cut his finger so there would be blood to show on the sheet. The next morning he took me straight to the doctor to have my hymen examined. Although my hymen was intact, he still sometimes treats me in a condescending manner. Until today, I still had no idea that it is natural for some women not to bleed (Ilkcaracan & Seral, 2004, p. 194).

The statement above clearly demonstrates how important it is to enlighten women on the misconceptions of the hymen and virginity. Similar training programs are needed for *both* women and men, and including doctors as trainers would be effective especially in educating men about the issue.

Women’s organizations can also train professionals such as doctors, nurses, police,

judges, lawyers, social workers, and politicians on the issue of virginity. The awareness raising programs targeting professionals should not be limited to virginity examinations, but especially address the concept of virginity in general, because as long as the concept is not dismantled, virginity examinations and virginity restoration surgeries will continue legally or illegally. In Turkey, women's organizations have established effective networks with lawyers and doctors. The Women's Platform on the Turkish Penal Code is an example of such networking, where lawyers from Istanbul Bar Women's Rights Enforcement Center, Izmir Bar Women's Rights Enforcement Center, and Izmir Bar Women's Commission made major contributions to the new TPC (WWHR, 2004b). By establishing a similar cooperation with doctors and lawyers, women's organizations can offer better awareness raising programs for both professionals and lay persons.

Lobbying the government is another crucial activity. Turkish women's organizations successfully lobbied the Parliamentary Justice Commission for the TPC amendments in 2003-2004. Since the TPC requires further amendments on virginity examinations and the government has to ensure that the policy is effectively implemented, women's organizations need to continue pressuring the government. Ercevik Amado notes that "effective use of the parliament, legal and governmental bodies and the media proved helpful in many cases. Open or secret alliances in the government, media and public institutions were often useful in promoting change and determining the course of events and actions" (2004, p. 27). Women's organizations can launch a successful campaign against the virginity norm and virginity examinations in Turkey, if they target

simultaneously the attitudes of the public, the government, and the professionals.

In order to carry out extensive campaigns on a national level, such as the one needed to address the issue of virginity and virginity examinations, Turkish women's organizations need substantial financial support from international organizations such as international women's rights and human rights NGOs, the United Nations (UN), and the European Union (EU)⁵⁵. In addition to monetary sources, these organizations can put political pressure on the government. The EU has the power to influence the Turkish government, because Turkey is interested in becoming a member of the EU. It seems that this negotiation process will take at least a decade before Turkey becomes a member of the EU, thus, women's organizations should take advantage of this situation and pressure the government to take action.

In conclusion, in order to stop virginity examinations and virginity restoration surgeries, we need to change the professionals', the government's, and the public's attitudes toward the concept of virginity. It will not be an easy task to change people's attitudes toward a concept that is deeply embedded in their culture, but thanks to the relentless efforts of the Turkish women's movement, we have already witnessed some progress. To further the progress on the virginity issue, the following actions are needed. Women's organizations need to target medical agents (doctors, nurses etc.) with training programs in

55 Between December 2003 and May 2004, the European Union awarded nearly 600,000 Euro (approximately \$ 725,000) to support thirteen Turkish organizations under "the European Initiative for Democracy and Human Rights – Turkey 2001 Micro-Project Programme." Three of these thirteen projects were on women. Retrieved March 30, 2006, from the EU Web site: http://europa.eu.int/comm/europeaid/projects/eidhr/calls-for-proposals/cfp-micro-results-turkey-2001_en.pdf

order to help them gain correct information about the hymen and awareness about gender/sexuality issues. These organizations need to continue pressuring the government to criminalize virginity examinations in the TPC and to effectively implement the policy. In this process, the EU can make major contributions to women's organizations' efforts by using its power over the Turkish government to make legal changes and by financially supporting the organizations' projects on virginity. Women's organizations need to target the public attitudes toward virginity/honor by offering consciousness raising and knowledge increasing programs for both men and women.

If these actions can successfully reach different social and professional groups such as doctors, law-makers, law enforcement officials, and lay persons, it is highly probable that reciprocal interactions among these groups will further the social change. It will be a long and rough journey until we completely prevent women's suffering from the virginity norm, but if we want to achieve women's liberation, we need to gain the control of our own bodies, sexualities, and lives. Dismantling virginity is a critical part of this journey.

APPENDICES

Appendix A – Interview Questions

1. Demographic questions about date and place of birth, marital status, and education and employment background.
2. How do you define the hymen in medicine?
3. What do you think about the cultural importance of the hymen in Turkey?
4. Have you ever performed a virginity examination?
5. Can you explain virginity examination in details? How do you perform it?
6. Have you ever performed a hymen restoration surgery (hymenoplasty)?
7. How do you perform a hymen restoration surgery?
8. What are the consequences of virginity examination for the woman who undergoes the examination?
9. What are consequences of virginity restoration surgery for the woman who undergoes the surgery?
10. Do you think that hymen restoration surgery causes deception?
11. Where do you learn how to perform a virginity examination and a virginity restoration surgery?
12. Are these practices explained in medical textbooks?
13. What do you think about virginity restoration surgery in terms of medical ethics?
14. Do you agree that virginity examination should be performed only in sexual assault cases?
15. Do you think virginity examination must be completely banned?
16. Can you explain the official report that is given to women after virginity examinations? What does this report say?
17. Have you ever been pressured by the legal authorities such as the police to perform a virginity examination?
18. When a woman is sent to the hospital by a prosecutor for a virginity examination, do you ask for her consent?
19. Can you give me information about the structure and function of the hymen?
20. Were you informed about the social function of the hymen in the medical school?
21. How did you come up with this alternative treatment method of imperforate hymen?

22. Did you learn about this alternative treatment in the medical school?
23. What is the standard procedure used in imperforate hymen cases?
24. The editorial in European Journal of Obstetrics & Gynecology and Reproductive Biology expresses some concerns about your treatment method. It claims that in the treatment of imperforate hymen a big incision is needed, but in your method the incision is as small as possible. What do you think about this comment?
25. The editorial claims that small incisions might increase the risk of infertility in imperforate hymen cases. What do you think about this?
26. Another concern of the editorial is that due to the small incision of the hymen, the patient might experience a difficult and painful first sexual intercourse. What do you think about this?
27. The editorial also asks the question, "Is it ethical for a gynecologist to allow her/his culture to affect her/his job?" What do you think about this?
28. Do you take the consent of the patient and/or her family for the procedure?
29. When a patient comes here with an imperforate hymen, do you explain to her that there are two treatment options even if she does not worry about virginity?
30. How long does this procedure take?
31. Which treatment method is easier for the patient and for you? The standard one or your treatment?

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EXPERIENCE

Istanbul Commerce University, Istanbul

October 2002-June 2003

English Teacher

- Taught English, basically grammar and video courses, to a class of university students at the Preparatory School.
- Organized the weekly grammar exercise worksheets and exams.

Ayrinti Publishing House, Istanbul

December 2002-April 2003

Translator

Part-time Employee

- Translated a book, *The Devil: A Mask Without A Face* by Luther Link, published in October 2003.

**The Municipality of Istanbul,
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December 2000-September 2002

English Teacher

Part-time Employee

- Taught English grammar, writing and speaking courses, to three classes of adults from different backgrounds.

EDUCATION

Towson University

September 2004- ...

- M.S., Women's Studies
- Current GPA: 4.00 / 4.00

Bogazici University, Istanbul

October 1997-July 2002

- B.A., Translation and Interpreting
- Graduated with Honors Degree, GPA: 3.29/4.00

Kadir Has (Super) High School, Istanbul

September 1993-June 1997

- GPA: 4.86/5.00
- Awarded high honors in all grades

VOLUNTEER ACTIVITIES

- Worked as an assistant in the conference, "Turkey at the Crossroads: Women, Women's Studies, and the State", organized by Towson University and Middle East Technical University in Turkey in May-June 2005.
- Translates and writes articles for *Pazartesi*, a monthly feminist newspaper in Turkey, (since 1999)

HONORS AND ACTIVITIES

- Turkish Association of University Women, 2002-Present (member)
- The Students' Representative of the Translation and Interpreting Department at Bogazici University, 2000
- Bogazici University Translation Club, 1997-2002 (member)
- 32nd rank in Turkey in National University Entrance Exam, 1997